State of Idaho
Department of Health and Welfare
Division of Medicaid


# STATE MEDICAID HEALTH INFORMATION TECHNOLOGY PLAN (SMHP)

Version 2.0
January 1, 2015

## Revision History

| Version Number | Version Date | Comments |
|---|---|---|
| 1.0 | November 22, 2011 | Submission to CMS for Approval |
| 1.1 | February 28, 2012 | Submission to CMS for Final SMHP Approval in response to January 9, 2012 CMS Conditional Approval Letter.<br><br>All revisions incorporated into this version of the SMHP are identified in the accompanying Idaho SMHP Change Control document dated 2/28/12, submitted by email to CMS on 2/28/12. |
| 1.2 | April 1, 2013 | SMHP Update after implementation July 1, 2012 and incorporating Stage 2 MU Rule Changes. |
| 1.3 | April 1, 2014 | SMHP update for Stage 2 MU implementation July 1, 2014. |
| 2.0 | January 1, 2015 | SMHP update for incorporation of CMS final rule implementation on October 01, 2014. |
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# Document Overview

## Purpose

The purpose of the Idaho State Medicaid Health Information Technology Plan (SMHP) is to provide the Centers for Medicare and Medicaid Services (CMS) and IDHW with a common understanding of the activities Idaho Medicaid will be engaged in over the next few years relative to implementing Section 4201 Medicaid provisions of the American Recovery and Reinvestment Act of 2009. . This section of the act provides 90% Federal Financial Participation Health Information Technology (HIT) Administrative match for three activities to be done under the direction of the IDHW:

- Administer the incentive payments to eligible professionals and hospitals.
- Conduct adequate oversight of the program, including tracking meaningful use (MU) by providers.
- Pursue initiatives to encourage the adoption of certified electronic health record (EHR) technology to promote health care quality and the exchange of health care information.

## Primary Entities Involved in SMHP

The following entities are referred to throughout the document:

The IDHW, Division of Medicaid is the state Medicaid agency (SMA).

CMS is the federal agency responsible for oversight of Medicaid programs and activities including the Idaho Medicaid EHR Incentive Program.

The Idaho Health Data Exchange is a non-profit agency responsible for Idaho's statewide health information exchange. This agency was created as a result of the efforts of the Health Quality Planning Commission, which was established by the 2006 Legislature.

## Acronym Usage

To facilitate review and understanding of this document, acronym usage has been limited to those frequently used by CMS. These include the following terms:

AIU – Adopt, Implement, Upgrade
APD – Advance Planning Document
ARRA – American Recovery and Reinvestment Act
CHIPRA – Children's Health Insurance Program Reauthorization Act
CMS – Centers for Medicare and Medicaid Services
DSS – Decision Support System
EDI – Electronic Data Interchange
EHR – Electronic Health Record
FFP – Federal Financial Participation
FFY – Federal Fiscal Year
FQHC – Federally Qualified Health Centers

HIE – Health Information Exchange *(abbreviated when referring to the concept of exchanging health information, references to existing and planned exchange solutions are not abbreviated)*
HIPAA – Health Insurance Portability and Accountability Act of 1996
HIT – Health Information Technology
HIT/E – Refers to both HIT and HIE
HITECH – Health Information Technology for Economic and Clinical Health
I-APD – Implementation-Advance Planning Document
IDHW – Idaho Department of Health and Welfare
IHDE – Idaho Health Data Exchange
IT – Information Technology
MITA – Medicaid Information Technology Architecture
MMIS – Medicaid Management Information System
MU – Meaningful Use
NHIN – Nationwide Health Information Network
NLR – National Level Repository, known publicly as the "CMS Registration and Attestation System"
NPI – National Provider Identifier
ONC – Office of the National Coordinator for Health Information Technology
PAHP – Pre-paid Ambulatory Health Plan
P-APD – Planning-Advance Planning Document
REC – Regional Extension Center
RHC – Rural Health Clinics
SMA – State Medicaid Agency
SMHP – State Medicaid Health Information Technology (HIT) Plan

# Table of Contents

Revision History ..... 2

**Document Overview ..... 3**
Purpose ..... 3
Primary Entities Involved in SMHP ..... 3
Acronym Usage ..... 3

**Table of Contents ..... 5**

**Executive Summary ..... 8**

**Section A - "As-Is" HIT Landscape ..... 12**
A.1 HIT Landscape Assessment (Environmental Scan) ..... 13
A.2 Broadband Internet Access in Idaho ..... 17
A.3 FQHC Networks Receiving HIT/EHR Funding ..... 21
A.4 Veterans Administration and Indian Health Service Clinical Facilities Operating EHRs ..... 22
A.5 Existing HIT and HIE Relationships and Activities ..... 25
A.6 State Medicaid Agency Relationships ..... 28
A.7 Idaho's Collaboration and Coordination with Statewide Health Information Exchange ..... 29
A.8 Role of Medicaid Management Information System (MMIS) in HIT and HIE Environment ..... 32
A.9 Activities Currently Underway to Facilitate HIE/EHR Adoption ..... 33
A.10 Idaho Medicaid's Relationship with the State HIT Coordinator ..... 35
A.11 Prospects for Participation in the Idaho Medicaid EHR Incentive Program ..... 36
A.12 Recent Relevant Changes to State Laws or Regulations ..... 37
A.13 Activities across State Borders ..... 38
A.14 Current Interoperability of State Immunization Registry and Public Health Reporting Databases ..... 40
A.15 Children's Health Insurance Program Reauthorization Act (CHIPRA) Grants ..... 42

**Section B - "To-Be" HIT Landscape & Vision ..... 43**
B.1 HIT and HIE Goals and Objectives ..... 44
B.2 Future Information Technology (IT) System Architecture Relating to HIT and Health Information Exchange (HIE) ..... 46
B.3 Idaho Medicaid EHR Incentive Program Interface ..... 49
B.4 Vision for HIE Governance ..... 50
B.5 EHR Adoption Initiatives ..... 51
B.6 Health Resources Service Administration HIT/EHR Funding in Idaho ..... 53
B.7 Technical Assistance for Idaho Medicaid Providers ..... 54
B.8 Addressing Populations with Unique Needs ..... 55
B.9 Leveraging HIT-Related Grant Awards ..... 56
B.10 New State Legislation ..... 57

**Section C – EHR Incentive Program Implementation Plan ..... 58**
C.1 Professional and Hospital Eligibility ..... 60
C.2 Identifying Hospital-Based Professionals ..... 61
C.3 Verification of Provider Attestations ..... 62
C.4 Communication Approach ..... 63
C.5 Calculation of Patient Volume ..... 64
C.6(a) Verification of Patient Volume ..... 68
C.6(b) Verification of Adoption, Implementation, or Upgrade ..... 69
C.7(a) "Practices Predominantly" Requirement ..... 70
C.7(b) Meaningful Use in Second Participation Year ..... 73
C.8 Proposed Changes to Meaningful Use Definition ..... 74
C.9 Verification of Use of Certified EHR Technology ..... 75
C.10 Collection of Meaningful Use Data ..... 76
C.11 Collection of Clinical Quality Measures Data ..... 77
C.12 IT, Fiscal, and Communication Systems ..... 78
C.13 IT System Changes ..... 82
C.14 IT Systems Modifications Timeframe ..... 83
C.15 Interface with CMS National Level Repository Timeframe ..... 84
C.16 Collection of Registration Data ..... 85
C.17 Program Website ..... 86
C.18 Anticipated MMIS Modifications ..... 88
C.19 Addressing Incentive Program Questions ..... 89
C.20 Provider Appeal Process ..... 90
C.21 Accounting for Federal Funding ..... 92
C.22(a) Frequency for Making EHR Incentive Payments ..... 93
C.22(b) Payments Made Directly to the Provider ..... 94
C.23 Assuring Payments Promote Adoption of Certified EHR Technology ..... 95
C.24 Managed Care Methodology ..... 96
C.25 Question Removed by CMS ..... 97
C.26 Role of Medicaid Contractors in Program Implementation ..... 98
C.27 EHR Incentive Program Assumptions and Dependencies ..... 99

**Section D – Idaho's Audit Strategy ..... 100**
D.1 Methods to Identify Suspected Fraud and Abuse ..... 101
D.2 Tracking Potential Overpayments ..... 103
D.3 Addressing Fraud and Abuse ..... 105
D.4 Using Data Sources to Verify Meaningful Use ..... 106
D.5 Sampling as Part of Audit Strategy ..... 107
D.6 Reducing Provider Burden ..... 108
D.7 Role of Department Program Integrity Operations ..... 110

**Section E – Idaho's HIT Roadmap ..... 111**
E.1 HIT/HIE Pathway ..... 112
E.2 Annual Benchmarks and EHR Adoption Expectations ..... 117
E.3 Annual Benchmarks for Idaho Medicaid's Goals ..... 118
E.4 Annual Benchmarks for Audit and Oversight Activities ..... 119

**Appendices** ..... 120
Appendix I – Activity Schedule: Idaho Medicaid EHR Incentive Program Implementation Timeline ..... 120
Appendix II – Broadband Grants in Idaho ..... 123
Appendix III – Idaho Medicaid EHR Provider Attestation Portal Application Steps ..... 127
Appendix IV – Idaho Medicaid EHR Incentive Program Process Flows ..... 129
Appendix V – Hospital Calculation Worksheet ..... 139
Appendix VI – Vendor Enrollment Form ..... 142

## List of Tables

Table A-1: EHR Adoption 2010 Survey Results ..... 14
Table A-2: EHR Adoption by Tribal Health Centers in Idaho ..... 24
Table B-1: Summary of HIT and HIE Architecture in Next Five Years ..... 48
Table B-2: HIT-Related Grant Awards ..... 56
Table C-1: Minimum Medicaid Patient Volume Threshold ..... 66
Table C-2: Minimum Provider Contact Points ..... 80
Table C-3: IT Timeframes ..... 83
Table E-1: "To-Be" Objective Critical Tasks ..... 113
Table E-2: Annual Benchmarks ..... 118
Prior Activity Schedule (October 2011 – December 2014) ..... 120
Proposed Activity Schedule (January 2015 – February 2016) ..... 121

## List of Exhibits

Exhibit A-1: Idaho Urban and Rural Counties ..... 18
Exhibit A-2: Idaho Indian Reservations and Tribal Lands ..... 23
Exhibit B-1: Proposed Practices Predominantly and Physician Assistant-led Audit Information Collection Form ..... 71
Exhibit C-1: Roadmap Highlights ..... 116

# Executive Summary

## Background

The IDHW (IDHW), Division of Medicaid, is submitting this State Medicaid Health Information Technology Plan (SMHP) to the Centers for Medicare & Medicaid Services (CMS) to describe the activities Idaho Medicaid expects to take in the next seven years to implement the Medicaid provisions of the American Recovery and Reinvestment Act (ARRA) of 2009, Section 4201.

Idaho recognized the importance of Health Information Technology (HIT) prior to the passing of the American Recovery and Reinvestment Act. In 2006, the Idaho Legislature codified the state's interest in HIT through creation of a Health Quality Planning Commission (HQPC) and recognition of the potential to improve health outcomes and quality of care through investment in HIT. In early 2010, Governor Butch Otter signed a bill making the Idaho HQPC permanent.

IDAHO CODE
TITLE 56
PUBLIC ASSISTANCE AND WELFARE
CHAPTER 10
DEPARTMENT OF HEALTH AND WELFARE

56-1054. HEALTH QUALITY PLANNING. (1) It is the intent of the legislature that the department of health and welfare ("the department") promote improved quality of care and improved health outcomes through investment in health information technology and in patient safety and quality initiatives in the state of Idaho.

(a) Coordinated implementation of health information technology in Idaho will establish widespread use of networked electronic health information or health records to allow quick, reliable, and secure access to that information in order to promote patient safety and best practices in health care. This goal is consistent with the mission of the office of the national coordinator for health information technology, established by the president of the United States in 2004, to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the ability of consumers to manage their care and safety.

(b) Coordinated implementation of statewide patient safety standards will identify uniform indicators of and standards for clinical quality and patient safety as well as uniform requirements for reporting provider achievement of those indicators and standards.

*(This statute continues, and can be accessed at http://www.legislature.idaho.gov/idstat/Title56/T56CH10SECT56-1054.htm)*

## Document Organization

This State Medicaid HIT Plan (SMHP) is organized in response to the specific questions posed by CMS to:

(A) Explore the current "As-Is" HIT landscape in Idaho.
(B) Establish Idaho Medicaid's HIT vision looking into the future.
(C) Continue documenting the implementation plan for the Idaho Medicaid Electronic Health Record (EHR) Incentive Program.
(D) Continue applying the audit strategy to identify and investigate potential fraud or abuse of the Idaho Medicaid EHR Incentive Program.
(E) Continue providing a "Road Map" to guide Idaho Medicaid from the current HIT landscape to the future vision for Idaho Medicaid's EHR Incentive Program and HIT.

With much of this document focusing on EHR technology, it is important to point out that this technology is not an end in itself, but rather a means to improve the health care of Idahoans.

## Idaho's "As-Is" Landscape Assessment (Section A)

Idaho Medicaid conducted a survey of the provider community in 2010 to assess current and planned usage of EHR technology. Among respondents, 100% of hospitals had already implemented EHR systems or planned to implement a system within the next three years. Among medical practices the move toward these systems was much lower, with approximately half of total respondents stating that they have adopted or planned to adopt within three years.

Three main entities are engaged in the promotion of HIT in collaboration with Idaho Medicaid. A State HIT Coordinator serves as the key point of contact for American Recovery and Reinvestment Act funding for HIT and HIE projects including workforce and broadband programs. Technical assistance and provider outreach are conducted in collaboration with the Washington & Idaho REC for HIT, which also receives funding from the American Recovery and Reinvestment Act (ARRA). A public-private partnership, the IHDE, is responsible for the statewide health information exchange operating in Idaho, which already has several participating providers, including eight hospitals and clinical networks.

Since fall 2011, Idaho Medicaid prepared for CMS certification of a new Medicaid Management Information System (MMIS). Given this focus on certification of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant system, integration with the MMIS and activities to support the Idaho Medicaid EHR Incentive Program have been given greater consideration for future years since certification has been attained.

## "To-Be" HIT Landscape and Vision (Section B)

Idaho Medicaid's vision will support a broader-reaching and more integrated HIT environment through:

- Implementing the Idaho Medicaid EHR Incentive Program.
- Conducting program outreach.
- Expanding the reach of Idaho's statewide health information exchange.

The overarching goal of the Idaho Medicaid EHR Incentive Program is to improve the quality and coordination of care by connecting providers to patient information at the point of service through meaningful use of EHRs.
Through implementation of the Idaho Medicaid EHR Incentive Program, in five years Idaho Medicaid will have increased provider EHR adoption and subsequently increased participation in the statewide health information exchange, setting the foundation for improved care coordination and better health outcomes.

## EHR Incentive Program Implementation Plan (Section C)

Idaho Medicaid designed an EHR incentive program that balances the federal requirements of the program with reasonable and available data sources through which providers and hospitals can demonstrate that they are eligible for incentive payments for adopting, implementing, and upgrading EHR systems in a meaningful way while serving Idaho Medicaid enrollees.

The Idaho Incentive Management System (IIMS) stores data for the internal administration of Idaho EHR incentives, and allows for direct online submission of required application and

attestation information by eligible professionals and eligible hospitals. The EHR Incentive Management System is a proven, transferable system from the state of Kentucky that enables Idaho Medicaid EHR Incentive Program staff to process program applications through a combination of enhanced automated business functions and limited manual procedures. This approach and system were selected as the best fit for Idaho as a result of an alternatives analysis of several information technology (IT) options for a state level repository.

Communication with provider communities was a high priority during the registration, attestation, and payment launch of the Idaho Medicaid EHR Incentive Program to ensure that potentially eligible professionals and hospitals know about the program, receive the necessary assistance to select and implement a certified EHR system, and understand the requirements to attest for the incentive payments funded completely with federal monies.

## Idaho's Audit Strategy (Section D)

Idaho Medicaid is committed to maintaining the integrity of the Idaho Medicaid EHR Incentive Program. We will continue to identify and investigate potential fraud and abuse by using a proven and effective audit approach that aligns with the specific guidelines created for the Idaho Medicaid EHR Incentive Program.

Idaho Medicaid has evaluated audit service provision options and determined auditing services be performed for post MU payments by contract with an audit services provider. The audit strategy accounts for post-payment controls, random sampling, desk reviews, and field audits based on best practices. The AIU payments selected for post-payment audits are completed by current Idaho Medicaid EHR Incentive Program staff. All AIU and MU payments go through a vigorous pre-payment desk review audit procedure. The Audit process will incorporate the new flexibility rule as of October 1, 2014 in all pre-payment audits.

## Idaho's HIT Roadmap (Section E)

The "Idaho's HIT Roadmap" section of this SMHP outlines where Idaho Medicaid is today on the road to reaching the HIT vision, and maps the journey of Idaho Medicaid in general, and the Idaho Medicaid EHR Incentive Program specifically, in achieving the HIT vision within five years. Future accomplishments shall include:

- Idaho Medicaid will create a support network for providers to assist in meeting MU.
- The Idaho Medicaid EHR Incentive Program will extend EHR incentive payments to hospitals within Idaho and non-hospital based Idaho Medicaid providers.
- Idaho Medicaid and the IHDE will have clearly defined the role of the statewide health information exchange in the collection of MU data, such as clinical quality measures.

## Future Submissions of the Idaho SMHP

As Idaho's needs evolve and the HIT vision is realized, annual updates to this SMHP will be submitted to CMS for consideration. All future iterations of the document will require approval from CMS. The annual update process will allow Idaho Medicaid to be responsive to changes in the Idaho HIT landscape, continue to tailor the Idaho Medicaid EHR Incentive Program to best serve eligible Idaho providers and hospitals, and to learn from best practices established as Idaho

and other states implement HIT initiatives with the potential to improve the health care of Idahoans.

## Section A - "As-Is" HIT Landscape

This section presents the results of the environmental scan and the assessment completed with funding from CMS Health Information Technology (HIT) Planning-Advance Planning Document (P-APD).

The CMS State Medicaid HIT Plan (SMHP) Template has identified a specific set of questions for each section of the SMHP. The questions for Section A are listed in the following table, and are also inserted in numerical order along with the Idaho Medicaid response.

| Please describe the State's "As-Is" HIT Landscape: |
|---|
| *1. What is the current extent of EHR adoption by practitioners and by hospitals? How recent is this data? Does it provide specificity about the types of EHRs in use by the State's providers? Is it specific to just Medicaid or an assessment of overall statewide use of EHRs? Does the SMA have data or estimates on eligible providers broken out by types of provider? Does the SMA have data on EHR adoption by types of provider (e.g. children's hospitals, acute care hospitals, pediatricians, nurse practitioners, etc.)?* |
| *2. To what extent does broadband internet access pose a challenge to HIT/E in the State's rural areas? Did the State receive any broadband grants?* |
| *3. Does the State have Federally-Qualified Health Center networks that have received or are receiving HIT/EHR funding from the Health Resources Services Administration (HRSA)? Please describe.* |
| *4. Does the State have Veterans Administration or Indian Health Service clinical facilities that are operating EHRs? Please describe.* |
| *5. What stakeholders are engaged in any existing HIT/E activities and how would the extent of their involvement be characterized?* |
| *6. * Does the SMA have HIT/E relationships with other entities? If so, what is the nature (governance, fiscal, geographic scope, etc) of these activities?* |
| *7. Specifically, if there are health information exchange organizations in the State, what is their governance structure and is the SMA involved? ** How extensive is their geographic reach and scope of participation?* |
| *8. Please describe the role of the MMIS in the SMA's current HIT/E environment. Has the State coordinated their HIT Plan with their MITA transition plans and if so, briefly describe how.* |
| *9. What State activities are currently underway or in the planning phase to facilitate HIE and EHR adoption? What role does the SMA play? Who else is currently involved? For example, how are the regional extension centers (RECs) assisting Medicaid eligible providers to implement EHR systems and achieve meaningful use?* |
| *10. Explain the SMA's relationship to the State HIT Coordinator and how the activities planned under the ONC-funded HIE cooperative agreement and the Regional Extension Centers (and Local Extension Centers, if applicable) would help support the administration of the EHR Incentive Program.* |
| *11. What other activities does the SMA currently have underway that will likely influence the direction of the EHR Incentive Program over the next five years?* |
| *12. Have there been any recent changes (of a significant degree) to State laws or regulations that might affect the implementation of the EHR Incentive Program? Please describe.* |
| *13. Are there any HIT/E activities that cross State borders? Is there significant crossing of State lines for accessing health care services by Medicaid beneficiaries? Please describe.* |
| *14. What is the current interoperability status of the State Immunization registry and Public Health Surveillance reporting database(s)?* |
| *15. If the State was awarded an HIT-related grant, such as a Transformation Grant or a CHIPRA HIT grant, please include a brief description.* |
| * May be deferred.<br>** The first part of this question may be deferred but States do need to include a description of their HIE(s)' geographic reach and current level of participation. |

## A.1 HIT Landscape Assessment (Environmental Scan)

*1. What is the current extent of EHR adoption by practitioners and by hospitals? How recent is this data? Does it provide specificity about the types of EHRs in use by the State's providers? Is it specific to just Medicaid or an assessment of overall statewide use of EHRs? Does the SMA have data or estimates on eligible providers broken out by types of provider? Does the SMA have data on EHR adoption by types of provider (e.g. children's hospitals, acute care hospitals, pediatricians, nurse practitioners, etc.)?*

Idaho Medicaid conducted a survey of potentially eligible professionals and hospitals during the summer of 2010 to gather information about the current state of HIT adoption and use in provider offices and hospitals. The survey was sent to all providers and hospitals that were considered eligible types for the Idaho Medicaid Electronic Health Record (EHR) Incentive Program at the time under the proposed rule: physicians, pediatricians, nurse practitioners, certified nurse midwives, dentists, and all eligible hospitals in the state. This included both Medicaid providers as well as non-Medicaid providers. The decision to extend the survey beyond just current Medicaid providers was made for several reasons. First, the project team believed that expanding the survey to include non-Medicaid providers would produce a more accurate picture of provider adoption of EHR in Idaho. Second, the information would be helpful to other entities in the state such as the REC, the Washington & Idaho REC, and the IHDE.

The survey was available through a variety of venues making it impossible to know the exact number of professionals who had access to the survey. The Idaho Medical Association contacted approximately 1,500 individual providers. It is not known if they are Idaho Medicaid providers. As of March 2010, there were 3,525 Idaho Medicaid providers in the eligible provider types in Idaho (excluding dentists). There were 982 dentists in the state, and 680 of them were Idaho Medicaid providers. All 680 Idaho Medicaid dentists were given access to the survey via the Medicaid dental contractor. It is not known how many dentists received the information from the Idaho Dental Association. Forty-six hospitals, forty-six rural health clinics (RHCs), thirty-eight federally qualified health center (FQHC) service locations, and five tribal clinics were contacted. Extra effort was made to ensure the survey reached small and rural providers. To this end, Idaho Medicaid designated a liaison between Medicaid and Idaho's RHCs through the Office of Rural Health. The liaison communicated directly with clinics to ensure their interests were addressed and the survey was distributed to their providers. Idaho Medicaid focused the survey on in-state providers. However, out-of-state provider responses were accepted as there are border communities where non-Idaho providers provide care to Idaho residents.

In an effort to maximize opportunities for survey participation, Idaho Medicaid collaborated with 15 professional associations to design and administer the survey through established distribution channels identified by key associations. Professional associations that contributed to the survey effort include:

- The Idaho Hospital Association
- The Idaho Health Data Exchange
- The Washington & Idaho REC
- The State HIT Coordinator

- The Idaho Primary Care Association
- The Northwest Portland Indian Health Board - Representing the Indian Health Clinics/Tribes
- The State Office of Rural Health and Primary Care
- The Idaho Physicians Network
- The Idaho Nurses Association
- The American Academy of Family Physicians, Idaho Chapter
- The Idaho State Dental Association
- Idaho Smiles
- Idaho Medical Associations
- The Idaho Medical Group Management Association
- The American Academy of Pediatrics, Idaho Chapter

## Extent of EHR Adoption by Provider Type

The following table outlines the 2010 key responses for four entity types: hospitals, medical practices, FQHC service locations, and RHCs.

Table A-1: EHR Adoption 2010 Survey Results

| | **Hospitals (46 total in Idaho)** | **Medical Practices (total undetermined)** | **FQHC service locations (38 total in Idaho)** | **RHCs (45 total in Idaho)** |
|---|---|---|---|---|
| **Demographics** | | | | |
| Respondents<br>*Number of survey respondents. Where available, the percentage indicates the percentage of the total number in the state.* | 24 (52% of total hospital population) | 218* | 32 (84% of total FQHC service location population) | 15 (33% of total RHC population) |
| Urban/Rural<br>*The distribution of urban and rural respondents based on county (distribution presented by number and percentage based on survey respondents).* | 8/16 (33/67%) | 168/50 (77/23%) | 13/19 (41/59%) | 4/11 (27/73%) |
| **Electronic Health Records** | | | | |
| Have EHR<br>*Number of respondents that currently have an EHR system.* | 16 (67% of respondents) | 63 (29% of respondents) | 14 (44% of respondents) | 4 (27% of respondents) |
| Plan on implementing EHR<br>*Number of respondents without an EHR who plan on implementing within the next three years.* | 8 (33% of respondents) | 39** (17% of respondents) | 18 (56% of respondents) | 11 (73% of respondents) |
| **Incentive Program Participation**<br>*Number and percentage based on total number of respondents seeking incentive payments.* | | | | |

| | Hospitals (46 total in Idaho) | Medical Practices (total undetermined) | FQHC service locations (38 total in Idaho) | RHCs (45 total in Idaho) |
|---|---|---|---|---|
| Medicare and Medicaid<br>*Number of responding hospitals who plan on registering for Medicare and Medicaid incentives.* | 18 (76% of respondents) | N/A | N/A | N/A |
| Medicaid Only<br>*Number of respondents who plan on registering for only Medicaid incentives.* | No data provided | 47 (22% of respondents) | 8 (36% of respondents) | 2 (13% of respondents) |
| Medicare Only<br>*Number of respondents who plan on registering for only Medicare incentives.* | 3 (12% of respondents) | 56 (26% of respondents) | 1 (5% of respondents) | 1 (7% of respondents) |
| Unsure<br>*Number of respondents who are unsure which incentive program to register for.* | No data provided | 115 (53% of respondents) | 13 (59% of respondents) | 12 (80% of respondents) |

*Information about the total universe of Medical Practices in Idaho is unavailable. As such, a percentage of survey respondents are not presented for this entity type.
**One hundred sixteen Medical Practice respondents did not specify whether they had an EHR, and if they did not, have not indicated whether they had plans to implement within the next few years.

## Ongoing EHR Adoption Assessment

A short, follow-up survey for hospitals was released in June 2011. Twenty-two hospitals responded to the follow-up survey, accounting for 48% of the hospitals in the state. Seventy-three percent have implemented or are implementing an EHR, a slight increase from the previous survey. All hospitals without an EHR plan on implementing one within five years. Of the 16 hospitals with EHRs, 63% (10 hospitals) are using a system that is Office of the National Coordinator (ONC) certified. Five are unsure if their system is certified and one is not using an ONC certified system. Seventy-one percent (15 hospitals) plan on applying for both Medicare and Medicaid incentives, while 24% (five hospitals) are still undecided.

We continue to actively engage the healthcare community and their associations in an effort to encourage all hospitals and eligible professionals to adopt, implement, or upgrade their EHR technology to become meaningful users. Idaho has expanded their definition of nurse practitioner and certified nurse midwife to include registered nurse anesthetist and clinical nurse specialist, which are advanced practice professional nurses.

## Types of EHRs Being Utilized

The surveys found that providers and hospitals are using various EHR systems throughout the state.

***Provider EHR systems in use include:***

- *eClinicalWorks*
- *GE Centricity*
- *NextGen*
- *Greenway*
- *Sage*
- *AllScripts*
- *Practice Partner*
- *Epic Ambulatory*
- *Pulse*
- *Aprima*

***Hospital EHR systems in use include:***

- *MediTech*
- *Cerner*
- *McKesson Paragon*
- *Epic*
- *Genesis*
- *Vista*
- *RPMS*

## A.2 Broadband Internet Access in Idaho

*2. To what extent does broadband internet access pose a challenge to HIT/E in the State's rural areas? Did the State receive any broadband grants?*

## Broadband Grants in Idaho

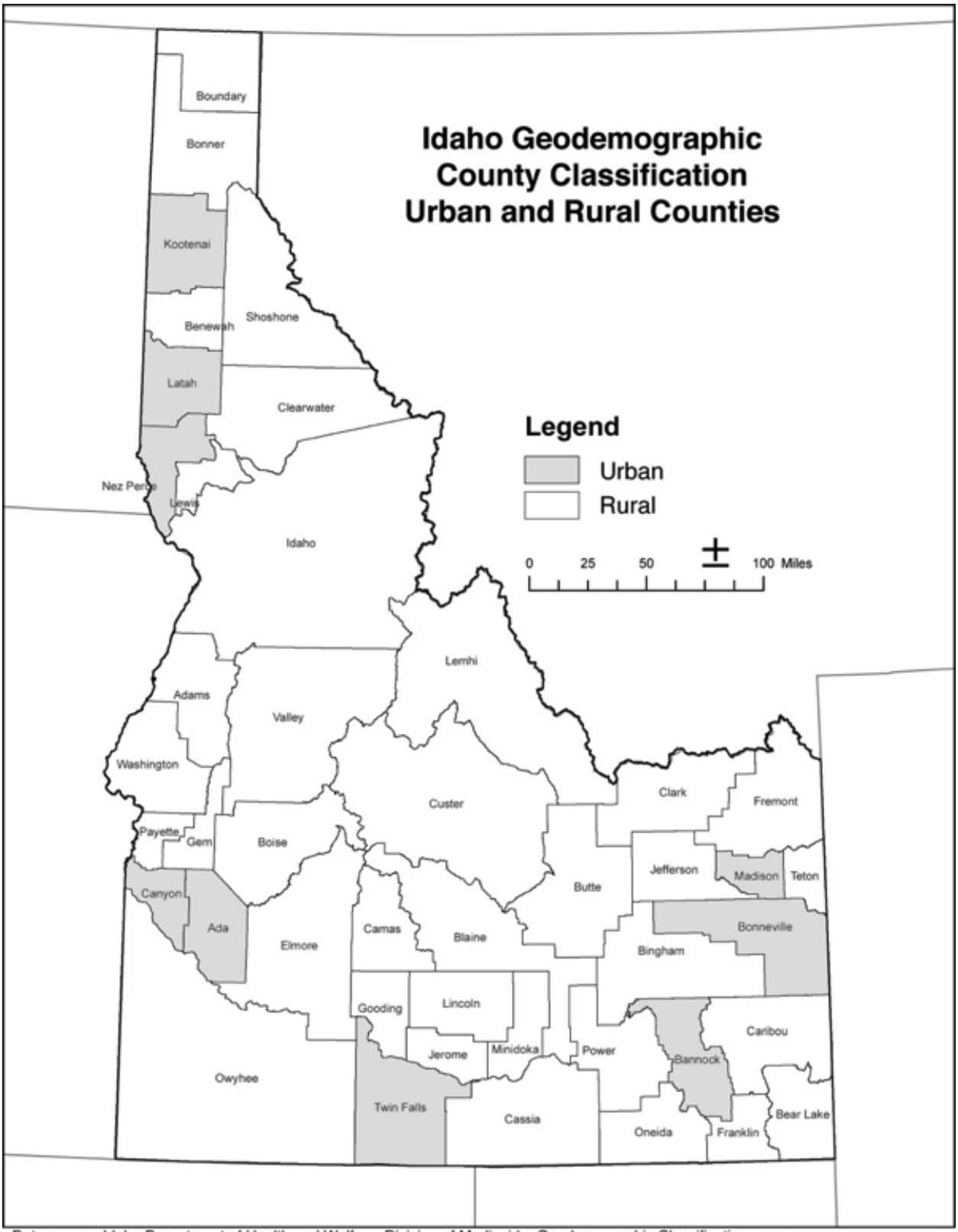
Idaho has received several broadband grants from the National Telecommunications and Information Administration. These specific grants are detailed in Appendix II.

## Broadband Challenges to HIT and Health Information Exchange (HIE) in Idaho

Idaho has a diverse geographical layout with mountainous wilderness lands, high deserts in southern Idaho, and vast farmlands throughout the state. The northern panhandle, southwest Idaho, and southeast Idaho are urban population areas. The counties in these regions account for 70% of Idaho's population. Idaho has 44 counties – 9 urban (20%) and 35 rural (80%). A county is considered urban if it has at least one city with a population of 20,000 or greater.

Idaho's urban counties are Ada, Bannock, Bonneville, Canyon, Kootenai, Latah, Madison, Nez Perce, and Twin Falls.

Exhibit A-1: Idaho Urban and Rural Counties




Data source: Idaho Department of Health and Welfare, Division of Medicaid – Geodemographic Classification based on Idaho counties with urban population centers based on 2009 US Census Bureau Annual Population Estimate. Urban Population Centers are defined as a county with at least one city with a population of 20,000 or greater.

Broadband penetration across Idaho is similar to that in other western states, with greater access and more options in urban areas and few or no options in rural areas. While any individual provider can implement an EHR system internal to the organization, the ability to participate in an exchange network is limited or impossible if broadband access is unavailable, too slow (speed and latency), or unreliable.

Lack of high-speed access to the Internet has been an obstacle in the adoption of health information technology (HIT) in Idaho's rural areas. Idaho's population centers are separated by vast tracks of sparsely populated wilderness. Rugged terrain, narrow roadways, and long distances between population centers have hindered investment in infrastructure, both wire-line and wireless. Many rural hospitals and clinics do not have adequate broadband connectivity. Without this access, they are not able to participate in health data exchanges, telehealth and telemedicine programs, video conferencing systems, and home-based health systems. Results from recent surveys of rural hospitals, conducted in 2010, suggest that this situation is improving but some rural areas still find themselves without reliable high-speed connections or have wireless dead spots due to the topography of the area.

Satellite access is available for anyone with a clear view of the southern sky. However, this service is not considered adequate to fulfill the speed and latency requirements that are necessary to send multiple medical imaging documents. Maximum speeds are 1.5 megabits per second (Mbps) and prices range from $1,000 to $6,000 for installation and $150 to $1,000 per month for service.

A major problem with broadband service for rural health care is cost of the last-mile connection, meaning the connection of a building to the network. Most of these rural communities are served by a single broadband provider (monopoly). In some cases, a fiber backbone exists in the area, but the provider is unwilling to make last-mile connections because of profit concerns. While access is improving, cost remains an issue. Other barriers include not only Idaho's geography, but the large percentage of sparsely populated regions and the resulting non-aggregated demand.

The Idaho Regional Optical Network – in a joint effort with Northwest universities, the state of Idaho, the Idaho Hospital Association, and the Idaho National Laboratory – has established a high-performance fiber network throughout the state of Idaho, with interconnects to neighboring states. The network can transmit data at one gigabit per second (Gbps) within the state, and 10 Gbps to locations in neighboring states (Salt Lake City, UT; Clarkston, WA; Pullman, WA; and Spokane, WA). Since the Idaho Hospital Association is a charter member of the Idaho Regional Optical Network, all 46 hospitals in the state of Idaho are eligible to connect to the Idaho Regional Optical Network, facilitating high-bandwidth HIE.

## Beacon Community Grants

Currently, there are no Beacon Communities physically located in the state of Idaho. However, the Inland Northwest Health Services Beacon Community located in Spokane, Washington serves both eastern Washington and northern Idaho.

Inland Northwest Health Services is a non-profit 501(c)(3) organization with a focus on bringing high-quality, cost-effective health care to the region through innovative and successful collaborations of healthcare services.

Inland Northwest Health Services was selected as the Beacon Community of the Inland Northwest to use technology for improving healthcare for type 2 diabetes patients. The IHDE Executive Director is a member of a steering committee for the Beacon Community Grant that was awarded to Inland Northwest Health Services. The focus points of the grant are:

- Improved patient outcomes.
- Access for patients to specialty providers, care coordination, and diabetes services.
- Real-time information for providers to provide the best care.
- Reduced unnecessary costs.

Inland Northwest Health Services assisted with development of the "As-is" HIT landscape in Idaho.

## A.3 FQHC Networks Receiving HIT/EHR Funding

*3. Does the State have Federally-Qualified Health Center networks that have received or are receiving HIT/EHR funding from the Health Resources Services Administration (HRSA)? Please describe.*

Idaho's FQHCs have not received HIT/EHR funding from the Health Resources Services Administration. The FQHCs in Idaho are not part of a centralized IT solution such as a health center control network system and, therefore, are not positioned to employ a single EHR solution that would support and integrate with individual systems that FQHCs are currently using. There are limited opportunities for FQHCs to collaborate on system development.

The Idaho Primary Care Association recently received supplemental funds from the Health Resources and Service Administration's Bureau of Primary Health to assist community health centers in medical home and meaningful use development. The Idaho Primary Care Association has hired a program manager for patient-centered medical homes and meaningful use to support the expansion of the Medical Home Program to non-participating clinics and to serve as the liaison between the Idaho Primary Care Association and community health centers. Community health centers in Idaho have also received $9.3 million for community health center services and capital improvement construction and renovation as part of ARRA funding for community health centers.

## A.4 Veterans Administration and Indian Health Service Clinical Facilities Operating EHRs

*4. Does the State have Veterans Administration or Indian Health Service clinical facilities that are operating EHRs? Please describe.*

### Veterans Administration

Idaho has one primary Veterans Administration hospital located in Boise. The hospital has five satellite clinics, known as Community Based Outpatient Centers, around the state. All use an electronic record known as Computerized Patient Record System. This system has been successfully deployed across the Veterans Hospital Association network over the past several years beginning in 2003.

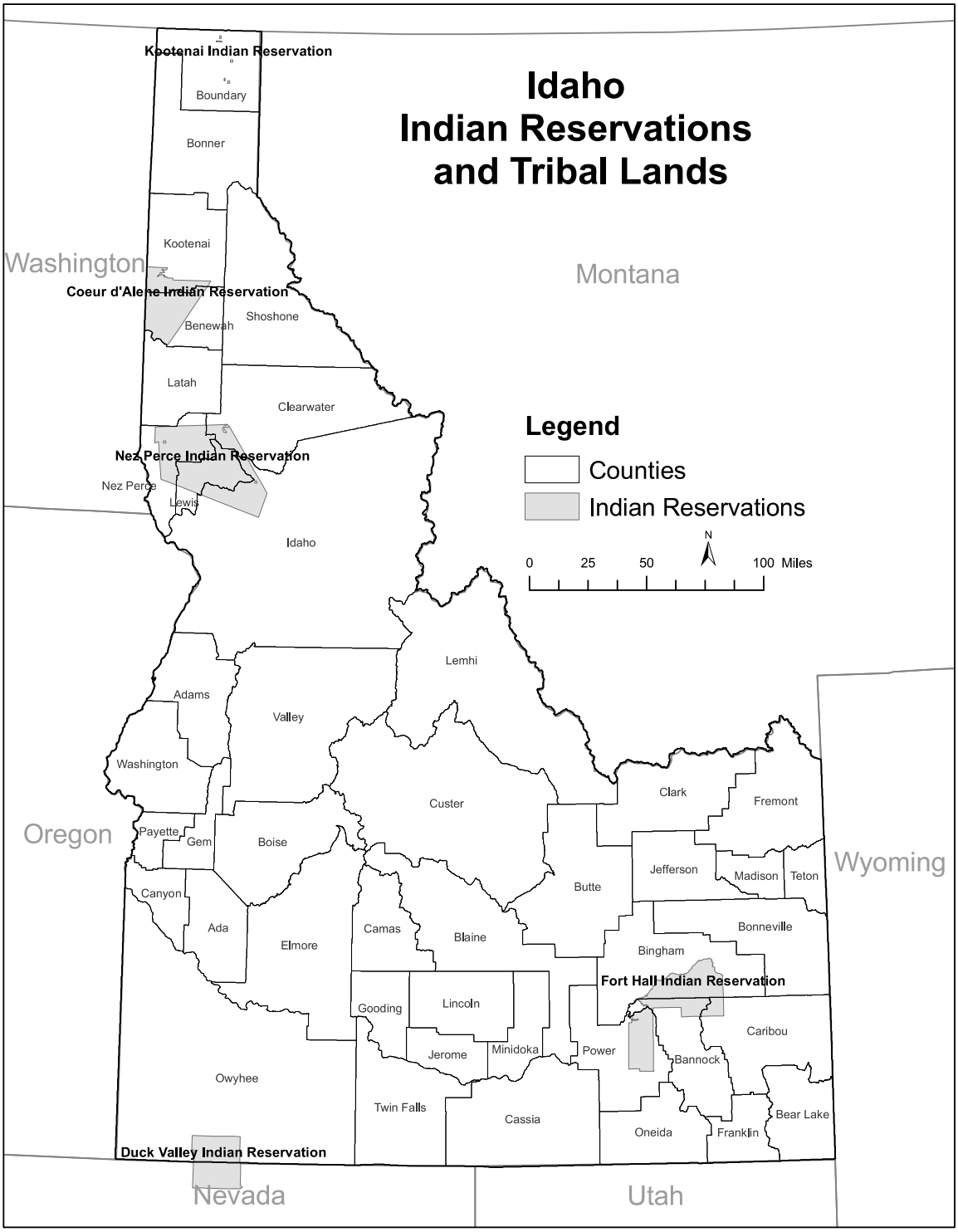
Computerized Patient Record System functions include electronic order entry for medications, consultations, lab testing, documentation, radiologic image viewing, and more. There is an exchange with other Veterans Administration hospitals and the Department of Defense, so remote records collected in those systems are available to Idaho Veterans Administration clinics and the hospital.

The Veterans Administration in Boise has a system that is connected to the IHDE. This connection is providing access to data from care provided to veterans by hospitals and clinics that participate in the exchange.

## Indian Health Service and Tribal Clinics

There are six federally recognized tribes in Idaho, of which five are served by four Indian/Tribal health centers in Idaho. The other recognized tribe is served by a health center in Nevada.

Exhibit A-2: Idaho Indian Reservations and Tribal Lands




Data Source: Idaho Department of Health and Welfare, Division of Medicaid

Not-Tsoo Gah-Nee Indian Health Center is operated through a partnership between the Indian Health Service and the Shoshone-Bannock Tribal Health and Human Services Department, while the other clinics are operated by the respective tribes. Two clinics currently utilize the Indian Health Service Resource and Patient Management System (RPMS) for EHR.

Idaho Medicaid also pays for services provided to Idahoans of the Shoshone-Paiute tribe of southwest Idaho (and north central Nevada) who receive care at the Owyhee Community Health Facility, an Indian Health Service center over the border in Nevada.

Information about individual clinics and EHR adoption are provided in the table below:

Table A-2: EHR Adoption by Tribal Health Centers in Idaho

| | Kootenai Tribal Health Facility | Benewah Medical and Wellness Center | Nimiipuu Health Center | Not-Tsoo Gah-Nee Health Center |
|---|---|---|---|---|
| **Tribe** | Kootenai Tribe | Coeur d'Alene Tribe | Nez Perce Tribe | Shoshone-Bannock Tribes and the Northwestern Band of Shoshoni |
| **Location** | Bonners Ferry, Idaho | Plummer, Idaho | Lapwai, Idaho and small satellite station in Kamiah, Idaho | Fort Hall, Idaho |
| **Operated By** | Tribe | Tribe (Collaborative venture with City of Plummer) | Tribe (formerly IHS) | IHS/Tribe |
| **EHR** | No | Yes, NextGen Healthcare | Yes, IHS RPMS | Yes, IHS RPMS |
| **Patient Population** | 300 | 8,000 | 4,500 | 6,000 |
| **Barriers to EHR adoption/upgrade** | Limited Staffing | N/A | Staffing and cost are barriers to expanding / upgrading EHR use | N/A |

## A.5 Existing HIT and HIE Relationships and Activities

*5. What stakeholders are engaged in any existing HIT/E activities and how would the extent of their involvement be characterized?*

Many diverse stakeholders are involved in HIT and HIE activities and initiatives in Idaho. These include:

- The HIT Workgroup
- The IHDE
- The Washington & Idaho REC
- Northern Idaho College (HIT Training)
- The Northern Idaho Health Network
- The Idaho Physicians Network (E-prescribing Pilot)
- Magic Valley Hospital (EHR Grant)
- Inland Northwest Health Services (Beacon Community Grant)

***The Health Information Technology (HIT) Workgroup includes representatives from:***

*Idaho Medical Association*

*Washington & Idaho REC*

*Idaho Health Data Exchange*

*Idaho Department of Health and Welfare (including Idaho Medicaid, Public Health, and the Office of Rural Health)*

*Tribal Health*

*Idaho Regional Optical Network*

*Idaho Hospital Association*

*St. Luke's Health System*

*Idaho Primary Care Association*

*Idaho Physicians Network*

*Idaho Medical Group Management Association*

*Idaho Physical Medicine and Rehabilitation*

*North Idaho Health Network*

*Primary Health Medical Group*

*Boise State University*

*North Idaho College*

*Glenns Ferry Health Center/NW Regional Primary Care Association*

*Idaho Academy of Family Physicians*

*Idaho Area Health Education Center*

*Qualis Health*

These initiatives are described in further detail below.

<u>HIT Workgroup</u>

A primary forum for stakeholder collaboration is the HIT Workgroup, which is a state-level advisory council that brings together a broad range of HIT and HIE stakeholders in Idaho. The advisory council is coordinated through the State HIT Coordinator's Office, the IHDE, Idaho Medicaid, and the Washington & Idaho REC leadership to:

- Serve as the HIT Workgroup for the Governor's Health Care Coordination Council.
- Serve as a venue for all members to share information about their HIT related activities with other members of the advisory council to facilitate clear communication and allow members to disseminate that information to their constituents.
- Assist in or provide recommendations in development of goals, objectives, and measures for provider outreach and adoption.
- Serve as an expert group to

advise organizers' leadership on matters related to education and outreach to providers represented by council members.
- When requested, provide recommendations and strategy options on effective provider outreach, education, and HIT adoption.
- Serve as a forum for all members to leverage and coordinate efforts with ongoing EHR initiatives and other technical projects in the state.
- Develop and coordinate joint communications, messages, outreach strategies, and collaborative initiatives to enhance outreach and adoption strategies.

Council attendees include Health Information Technology for Economic and Clinical Health (HITECH) funding recipients, stakeholder organizations that support healthcare providers on HIT and HIE, and stakeholder organizations that provide education and outreach for providers about HIT and HIE.

IHDE

The IHDE, Inc., a 501(c)(6) non-profit corporation, was established to govern the development and implementation of a statewide health information exchange in Idaho. The IHDE was created as a result of the efforts of the Health Quality Planning Commission, which was established by the 2006 Legislature. The Commission was charged with promoting improved quality of care and health outcomes through investment in HIT. Initial funding for the effort was appropriated by Idaho's Legislature and ongoing funding comes from participants in the IHDE. More information about the IHDE is available in Section A.7.

REC

An initiative to promote adoption and MU of EHRs was established by the REC serving Idaho, known as the Washington & Idaho REC. Our REC supports selected healthcare providers with direct, individualized technical assistance in adoption and meaningful use of EHRs. More information about this initiative can be found in Section A.9.

North Idaho College

North Idaho College is the only community college in Idaho to receive the HITECH workforce training grant. North Idaho College currently offers two different electronic medical records certificate programs: 1) Electronic Medical Record Adoption for Healthcare Practices; and 2) Electronic Medical Record IT Support. In addition to training, North Idaho College coordinates HIT efforts at the state level by information sharing through the HIT Workgroup.

North Idaho College corresponds with related program directors through the state, including College of Southern Idaho, Idaho State University, and Boise State University. As a result of the coordination, students from Boise State University and Idaho State University are often referred into the training program.

North Idaho Health Network

North Idaho Health Network is a non-profit network of healthcare providers in Idaho's five northern counties designed to meet the health care needs of individuals and businesses in those

counties. Five hospitals are also members of this network. North Idaho Health Network is working with physician practices to install NexGen EHRs.

Inland Northwest Health Services

The Inland Northwest Health Services Beacon Community Grant is described in detail in Section A.13.

## A.6 State Medicaid Agency Relationships

*6. Does the SMA have HIT/E relationships with other entities? If so, what is the nature (governance, fiscal, geographic scope, etc.) of these activities?*

Idaho Medicaid is collaborating with the IHDE and the REC on a range of activities impacting Idaho's overall HIT planning efforts, including provider outreach. Individuals from each organization have participated in provider and hospital meetings, explaining the EHR incentive programs and answering questions from the health care community. Medicaid, the IHDE, and the REC have been integrating HIT and HIE in state-level efforts in the following ways:

- Working together in communicating information about the incentive payment program with professional associations, providers, and hospitals.
- Sharing information for defining the "As-is" Landscape.
- Working together to set the vision for HIT in Idaho in the vision portion of the SMHP.
- Working together to promote the adoption and meaningful use of EHRs.
- Identifying barriers to adoption and strategies to address those barriers.

In addition, Idaho Medicaid is a contracted participant in the statewide health information exchange operated by the IHDE, and provides Medicaid medication history information to the exchange through the Medicaid Pharmacy Benefit Manager. Providers using Idaho's statewide health information exchange are able to query Medicaid medication history to better manage recipient health care. As part of the governance structure between Medicaid and the IHDE, the Director of the IDHW sits on the IHDE Board of Directors and supervises the State HIT Coordinator. The IHDE also has a staff person on the Medicaid project team for HIT and HIE efforts.

To date, Idaho Medicaid has worked closely with the REC and the IHDE on several outreach opportunities. In panel presentations, Idaho Medicaid has focused on explaining the basics of eligibility for the Medicaid incentives, the state's timeline and tasks for implementation, as well as how Idaho will continue to communicate progress with providers and share information via the state website. The Washington & Idaho REC has focused on the services they can offer to providers to assist them in meeting MU. The IHDE has focused on the role of exchanging data in meeting MU as well as the value of the exchange in relationship to improving the quality of care. This distinction has allowed the state to share costs for outreach while avoiding duplicate roles and efforts.

***Distinction of Roles in Provider Outreach:***

*Idaho Medicaid:*

- *Eligibility for Medicaid EHR incentives.*

*Washington & Idaho REC:*

- *Services to assist with meeting meaningful use.*

*Idaho Health Data Exchange:*

- *Promoting the role of exchange in improving health outcomes and meeting meaningful use.*

## A.7 Idaho's Collaboration and Coordination with Statewide Health Information Exchange

*7. Specifically, if there are health information exchange organizations in the State, what is their governance structure and is the SMA involved? How extensive is their geographic reach and scope of participation?*

Currently there is one functional health information exchange in Idaho. The IHDE, Inc., a 501(c)(6) non-profit corporation, was established to govern the development and implementation of a statewide health information exchange in Idaho. A 12 member Board of Directors provides oversight to the project. The vision of the IHDE is to assure the ongoing development and implementation of a sustainable, secure statewide health information exchange to allow Idaho health care providers to achieve MU of EHRs. The IHDE is neither a direct arm of government nor part of any other organization in the state's healthcare environment. It is a true example of a public-private partnership. The IHDE began exchanging data in 2008.

The IHDE developed articles of incorporation and bylaws that govern the business of the IHDE. The Board of Directors meets monthly and the meeting is hosted in turn by participating members. Minutes of the meeting are kept by the Executive Director and approved by the Board of Directors each month. Board meetings are open to the public and meeting agendas and minutes are available to the public upon request. Members of the Board of Directors include three major Idaho hospitals, a critical access hospital, an FQHC, physicians, a consumer, an employer representation, a pharmacist, and the Director of the IDHW, the agency that is responsible for Medicaid and Public Health in Idaho.

The day-to-day operations of the corporation are the responsibility of an Executive Director who reports monthly to the Board of Directors. For guidance between meetings, the Executive Director consults members of the Executive Committee of the Board of Directors. The Executive Committee is comprised of the Chairman, Richard L. Compton; the Vice-Chair, Dr. Julie Foote; and the Secretary/Treasurer, Richard M. Armstrong. The policies and procedures of the IHDE have been developed by the sub-committees, which include: Security and Privacy, Technical Standards, Business Operations, Finance, and a recently added clinical work group. Each sub-committee generally meets monthly and reports when necessary to the Board of Directors.

As of September 30, 2011, 299 participating providers were receiving lab results and can e-prescribe through the IHDE's statewide health information exchange. The exchange offers clinical messaging and results delivery to connected providers and a clinical data repository through a portal called the Virtual Health Record. The statewide health information exchange securely sends electronic lab, radiology, and hospital transcription reports to participating providers as soon as they are available. The Virtual Health Record allows participating providers to view continuity of care documents on patients. This includes basic demographic information, allergies, medication history, problems, vaccinations, lab, radiology, and other transcribed reports. Idaho's statewide health information exchange is a solution that honors existing EHR systems and investments. It allows providers who already have a compatible

EHR[1] to connect to the exchange (e.g., participants in the clinical integration project in Idaho's Magic Valley).

The IHDE has a five year plan to electronically connect approximately 1,500 Idaho providers, 30 hospitals, and 10 ancillary service providers across the state. They are also committed to working with Montana, Oregon, Washington, and Utah to ensure regional strategies to share clinical and administrative information.

Idaho Medicaid is currently working closely with the IHDE to explore their ability to assist providers and Medicaid with MU reporting. It is hoped that by Idaho program Year 3, when providers will have to electronically submit clinical quality measures, the exchange will be capable of assisting. Future SMHP updates will report on progress on this option for addressing MU reporting.

## Medicaid Agency Involvement

The IHDE is the work product of the Health Quality Planning Commission, which was created in 2006 as a result of House Bill 738. During the first two years of its work, the Health Quality Planning Commission focused its efforts on creating a plan to implement a statewide health information exchange for Idaho. In order to fund such an effort, the major payers in Idaho, including Medicaid, as well as the large hospitals in Idaho, all agreed to support the exchange financially during implementation. In 2008, after a 501(c)(6) not-for-profit corporation was established, Medicaid, along with Blue Cross of Idaho and Regence Blue Shield of Idaho, signed a participation agreement with the exchange. All of the participation agreements bound the participants for five years. It is helpful to note that this happened prior to the passage of the American Recovery and Reinvestment Act of 2009. The IDHW's Director is a board member for the IHDE and has been since its inception. This gives Medicaid a voice along with the other payers (who are also board members) in guiding the development of the exchange.

Currently, Richard Armstrong, Director of the IDHW, is an officer on the Board of Directors. Mr. Armstrong is committed to integrating IDHW operations into the statewide health information exchange as fully as possible. The Idaho Division of Medicaid, within the IDHW, provides patient medication history to the exchange through their pharmacy benefits manager system which is connected by Sure Scripts.

The IDHW also donated administrative support and office space to the IHDE for two and a half years. A State Deputy Attorney General provides advice and counsel on matters related to privacy and security. Idaho Medicaid is a paying participant of the statewide health information exchange and provides medication data to the exchange.

Idaho Medicaid EHR Incentive Project staff work closely with the IHDE staff. The EHR Incentive Program Manager meets on a bi-weekly basis with the Director of the IHDE to provide and receive updates on common endeavors and coordinate efforts where feasible. The EHR Incentive Program Manager and the IHDE Director also sit on a regional workgroup where information is shared between the Washington and Idaho State Medicaid Agencies, the

[1] As of March 2013, Idaho Health Data Exchange interfaces with four systems.

Washington & Idaho REC, and the two state exchange entities. The Director of the IHDE has representation on the Idaho Medicaid EHR Incentive Program team and has been instrumental in developing portions of the SMHP. Idaho Medicaid and the IHDE also share membership in the HIT Workgroup whose purpose is to receive feedback and recommendations from community members and to share program information about provider outreach and health IT adoption. Additionally, Idaho Medicaid and the IHDE have jointly participated in numerous presentations to professional organizations and provider groups over the last year and a half and will continue to do so.

## A.8 Role of Medicaid Management Information System (MMIS) in HIT and HIE Environment

*8. Please describe the role of the MMIS in the SMA's current HIT/E environment. Has the State coordinated their HIT Plan with their MITA transition plans and if so, briefly describe how.*

On June 1, 2010, Idaho Medicaid went online with a new MMIS. The new MMIS supports standardized electronic data interchange (EDI) transactions that are compliant with the Health Information Portability and Accountability Act (HIPAA) for eligibility inquiries, claims processing, prior authorizations, and other administrative transactions. However, the system does not currently have an active role in the Medicaid HIT and HIE environment. The Idaho MMIS project team has been primarily focused on preparing the system for CMS certification. The state has not coordinated their HIT plan with their Medicaid Information Technology Architecture (MITA) Transition Plans. Once CMS certification was achieved, Idaho Medicaid updated their MITA Transition Plan to account for new functionality within the MMIS, statewide HIT and HIE initiatives, and other federal initiatives (e.g., adoption of HIPAA X12 Version 5010).

## A.9 Activities Currently Underway to Facilitate HIE/EHR Adoption

*9. What State activities are currently underway or in the planning phase to facilitate HIE and EHR adoption? What role does the SMA play? Who else is currently involved? For example, how are the regional extension centers (RECs) assisting Medicaid eligible providers to implement EHR systems and achieve meaningful use?*

A major effort to promote the adoption and use of EHRs is being led by the Washington & Idaho REC, which has targeted four populations:

- Smaller provider offices that have 10 or fewer providers.
- Community health centers.
- The RHCs and those affiliated with the critical access hospitals.
- Providers that primarily treat the underserved and uninsured.

The REC supports these selected healthcare providers with direct, individualized technical assistance in the adoption and meaningful use of EHRs. Specifically, the REC offers the following services, tailored to the needs of individual healthcare organizations, to help them achieve meaningful use:

- Selecting a certified EHR product that offers the best value for the providers' needs.
- Achieving effective implementation of a certified EHR product.
- Enhancing clinical and administrative workflows to optimally leverage an EHR system's potential to improve quality and value of care, including patient experience as well as outcome of care.
- Observing and complying with applicable legal, regulatory, professional, and ethical requirements to protect the integrity, privacy, and security of patients' health information.

The objective of the REC is to assist 2,400 priority primary care providers in Washington and Idaho reach meaningful use of their EHR systems by February 2012. As of December 2012, nearly 3,600 providers had signed up with the REC, with 20% from Idaho. Additionally, 336 of the Idaho providers (46% of the Idaho enrolled Washington & Idaho REC providers) have achieved meaningful use of their certified EHRs.

The Washington & Idaho REC's program strategy is three-fold:

- They provide on-the-ground HIT coaches that deliver one-on-one, customized technical assistance to providers. The customization recognizes that providers are in different stages of EHR adoption and often have specific needs that must be addressed to best assist them to successfully adopt their EHR systems.
- They are establishing and maintaining networked IT communities-of-practice to share learning, and have implemented an EHR Regional Group Purchase Committee, with an independent consultant who is facilitating the process and the committee members supporting the work.
- They plan to support peer-to-peer networking activities that will allow participating providers to learn from one another, a powerful method of communicating information.

The REC has also provided group learning opportunities in addition to on-site technical assistance. The educational webinar series for providers has been very well received, with evaluation responses showing consistent ratings, around 90% of respondents agreeing the sessions have been of value. This educational webinar series is now offered monthly, with every other month focusing broadly on strategies for attaining meaningful use and the other months focusing in-depth on a technical topic related to EHR adoption and meaningful use.

The newest service the Washington & Idaho REC is offering is the development of a community EHR group purchase program. Seven EHR vendors have been pre-vetted through a committee of interested providers. Discounts and more robust service level agreements will be offered. The products are not endorsed; this is being offered as a community service.

Idaho Medicaid is committed to implementing the EHR incentive payment program to support providers in their adoption and meaningful use of EHRs. As part of that effort, Idaho Medicaid is working closely with the State HIT Coordinator, the IHDE, and the Washington & Idaho REC. Representatives from the IHDE and REC provided input into the creation of the survey instruments and processes used by Medicaid to assess provider adoption of EHRs in Idaho conducted in 2010. Information gathered by the IHDE and REC as they connect EHR users in Idaho has been leveraged for the Idaho Medicaid assessment.

The IHDE was involved in the creation of the vision for Idaho's "To-Be" HIT landscape, presented in Section B. The IHDE will coordinate efforts with Idaho Medicaid and ensure that it can support the vision defined by Idaho Medicaid, as it will play a significant role in the development of the overall state HIT infrastructure.

The IHDE has also been involved with Idaho Medicaid on how best to gather and submit quality measures to meet MU, as well as the overall development of the EHR Incentive Program policy and procedures. This involvement helps to ensure that the services provided through the exchange can support Idaho Medicaid providers in their achievement of meaningful use of EHRs. The IHDE's Executive Director will continue to meet monthly with staff from Idaho Medicaid as the incentive program is developed and implemented.

As of fall 2011, Idaho Medicaid is working closely with the State HIT Coordinator to further identify barriers to EHR adoption in Idaho and strategies to address those barriers with a focus on critical access hospitals. As part of that effort, plans are being made to conduct future surveys.

## A.10 Idaho Medicaid's Relationship with the State HIT Coordinator

10. Explain the SMA's relationship to the State HIT Coordinator and how the activities planned under the ONC-funded HIE cooperative agreement and the Regional Extension Centers (and Local Extension Centers, if applicable) would help support the administration of the EHR Incentive Program.

The State HIT Coordinator plays a large role in facilitating HIE and EHR adoption. The HIT Coordinator serves as the key point of contact for American Recovery and Reinvestment Act funding for HIT and HIE projects including workforce and broadband programs. The HIT Coordinator synchronizes activities related to health information automation and exchange throughout the state of Idaho, including the IHDE, initiatives from Idaho Medicaid, the Washington & Idaho REC, Public Health, and other entities. The State HIT Coordinator reports to the Director of the IDHW.

The State HIT Coordinator also:

- Works with a statewide advisory council, the HIT Workgroup, to which providers and other interested parties provide input and get updates on HIE and EHR adoption in Idaho through regular meetings. The council coordinates a statewide effort to educate providers on the EHR Provider Incentive Program including who is eligible for the incentive and what constitutes meaningful use of the EHR. More information about the advisory council is in Section A.5.
- Follows specific program guidance provided by the Office of the National Coordinator to facilitate coordination across RECs, workforce development and broadband programs.

## A.11 Prospects for Participation in the Idaho Medicaid EHR Incentive Program

11. What other activities does the SMA currently have underway that will likely influence the direction of the EHR Incentive Program over the next five years?

Idaho Medicaid is currently involved in another project that will assist in promoting the use of HIE and EHRs – the development of Health Home Services as a new optional Medicaid service. Health Home Services are designed to provide intensive case management and coordination of services for Medicaid participants with chronic health conditions in the interest of improved outcomes, client satisfaction, and reducing the need for institutional based services.

Idaho Medicaid is also currently involved in a multi-payer medical home pilot, in concert with the Idaho Department of Insurance, large private payers, medical associations, and residency programs. Inclusion of Health Home Services under Medicaid will be part of this effort and will be influential in the development of the private pay medical home service delivery model as well.

The expectation is that HIT will play a key role in organizing and coordinating services, communication between all significant providers of care, promotion of best practices, quality assurance, and management reporting for the health home. Idaho Medicaid will work closely with the IHDE during its concurrent development, as it has the potential of supporting the expectations of the medical home pilot.

## A.12 Recent Relevant Changes to State Laws or Regulations

*12. Have there been any recent changes (of a significant degree) to State laws or regulations that might affect the implementation of the EHR Incentive Program? Please describe.*

An analysis of Idaho state law revealed that there are no changes to state laws that might affect the EHR Incentive Program directly. The 2010 State Legislature did pass legislation, Senate Bill 1335, which amended existing law related to Idaho's Immunization Reminder Information System. It removed certain authorization requirements for inclusion in the registry, making participation in the registry an opt-out service instead of an opt-in. The Idaho Legislature demonstrated their support of the use of HIT in 2006 with the passage of House Bill 738 which states, "It is the intent of the legislature that the Department of Health and Welfare promote improved quality of care and improved health outcomes through the investment in health information technology and in patient safety and quality initiatives in the state of Idaho".

## A.13 Activities across State Borders

*Are there any HIT/E activities that cross State borders? Is there significant crossing of State lines for accessing health care services by Medicaid beneficiaries? Please describe.*

### Accessing Health Care across State Lines

A previous expenditure analysis of medical trading areas was performed using data from state fiscal year 2007. The primary regions where Medicaid recipients cross state boundaries are in the northern (cross into Washington) and southeastern (cross into Utah) counties of Idaho. Roughly 15% of Idaho Medicaid expenditures for Medicaid recipients living in northern counties go to out-of-state providers. In the southeastern counties, approximately 10% of Idaho Medicaid expenditures go to out-of-state providers. During the 2014 legislative session, the Health and Welfare Sub-committee put forth House Concurrent Resolution No. 49 stating findings of the Legislature and instructing the IDHW to investigate the creation of a hospital discharge database and a comprehensive system of healthcare data and to establish an advisory committee to create an implementation plan for such data.

### HIT and HIE Coordination and Exchange with Other States

The IHDE has received development support from the neighboring state of Utah and other HIE initiatives including the Nebraska Health Information Initiative and the Rochester Regional Health Information Organization in New York. IHDE's current focus is on an Idaho statewide health information exchange but is committed to working with Montana, Oregon, Washington, and Utah to ensure the development of regional strategies to share clinical and administrative information. In order to enable interstate exchange, differences in states' consent models must be considered and the impacts that differences will have on how data can be exchanged must be accommodated. The IHDE also plans to participate in the quarterly meetings to be held by the National Governor's Association to facilitate exchange of information and ideas among the Region Ten states.

In March 2014, the IHDE selected Orion Health to replace their existing HIE solution. The planning, migration, and implementation of Orion Health are targeted for completion in 2014. With Orion Health, the IHDE will have a much more flexible and scalable core solution, offering greater value at no additional fees to existing IHDE participants.

### Inland Northwest Health Services

Kootenai Medical Center in Coeur d'Alene serves as the major referral hospital in northern Idaho. There is extensive movement of patients between northern Idaho and eastern Washington, particularly Spokane. Because of these referral relationships, well-coordinated HIE activities in Idaho and Washington are critical. The IHDE is committed to working with Inland Northwest Health Services and the northern Idaho health care providers to implement HIE solutions to allow the seamless exchange of data between Idaho and Washington. The IHDE Executive Director has agreed to participate in a steering committee for the Beacon Community Grant that was awarded to Inland Northwest Health Services.

Kootenai Medical Center in Coeur d'Alene is currently connected to the IHDE's statewide health information exchange and Inland Northwest Health Services. It is unclear how Inland Northwest Health Services will fit into the overall HIE strategy for the state of Washington. There are too many unknowns at this time to commit to a concrete approach.

Inland Northwest Health Services worked with the IHDE to develop an interface between Idaho's statewide health information exchange and the Kootenai Medical Center. The interface was completed in February 2009. Inland Northwest Health Services has also provided technical assistance through the participation of Pat Holmstead, the Director of Quality Improvement Services and Mike McDaniels, the Director of Data Security and System Readiness, as resources to the IHDE Security and Privacy Subcommittee.

## Northwest Public Health Information Exchange

The IHDE is working with Kathryn Turner, Program Manager in the Office of Epidemiology, Food Protection, and Immunization of the IDHW to determine how the IHDE can participate in the Northwest Public Health Information Exchange. Currently, Northwest Public Health Information Exchange goals include:

- Integration of public health reporting across multiple HIEs.
- Enabling bi-directional flow of information and intelligence which includes dynamic querying capabilities.
- Ensuring patient privacy.

To determine how best to proceed, the IHDE, in conjunction with the IDHW staff, will determine what data is currently gathered through the statewide health information exchange that may be of value to share with Northwest Public Health Information Exchange, and analyze the technical and policy impacts of participation.

## A.14 Current Interoperability of State Immunization Registry and Public Health Reporting Databases

What is the current interoperability status of the State Immunization registry and Public Health Surveillance reporting database(s)?

### State Immunization Registry

The Idaho Immunization Reminder Information System is Idaho's immunization registry. It is a statewide system to help individuals and healthcare providers keep track of immunization records. The Idaho Immunization Reminder Information System is completely confidential and secure. Immunization information can only be accessed by enrolled healthcare providers, schools, or childcare programs. Although the system is not currently interoperable, it is currently receiving unidirectional exports from provider EHRs. The system does not currently send information out to any system with the exception of the Washington state immunization registry, which can query the Idaho Immunization Reminder Information System registry directly. The Idaho Immunization Reminder Information System has been implemented using a combination of state and federal funds, including grant funding from the Centers for Disease Control and Prevention.

### Public Health Reporting Databases

The state of Idaho maintains a variety of public health reporting databases with varying levels of interoperability. In Idaho, healthcare providers, laboratories, and hospital administrators are required to report communicable diseases and conditions to their local health district or Office of Epidemiology in the IDHW. Reports must be made within three working days of identification or diagnosis, unless otherwise noted, according to the Rules and Regulations Governing Idaho Reportable Diseases (IDAPA 16.02.10). A brief description of the Centers for Disease Control and Prevention-sponsored database and degree of interoperability is provided below:

The National Electronic Disease Surveillance System promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, state, and local levels. The primary goal of the National Electronic Disease Surveillance System is the ongoing automatic capture and analysis of data already available electronically. Idaho uses the Centers for Disease Control and Prevention-developed National Electronic Disease Surveillance System Base System as the primary general communicable disease surveillance tool to meet the goals of the program. The design of the base system allows for the protection of confidentiality and collection of disease surveillance data used to monitor disease trends, guide prevention programs, and inform public health policy.

> *Interoperability: the system is programmed to connect with other systems and is interoperable with the Centers for Disease Control and Prevention and other databases, not including the Sexually Transmitted Disease Management System or the Cancer Data Registry of Idaho. The system has the capacity to receive EHRs for public health reporting and electronic lab data.*

The HIV/AIDS Reporting System is a confidential, name-based reporting system developed by the Centers for Disease Control and Prevention to manage HIV/AIDS surveillance data.

*Interoperability: the system is programmed to connect with other systems and is interoperable with the Centers for Disease Control and Prevention. The system has the capacity to receive electronic lab data.*

The Sexually Transmitted Disease Management Information System is a data management system developed by the Centers for Disease Control and Prevention to capture and manage data on sexually transmitted diseases, not including HIV/AIDS.

*Interoperability: the system is not interoperable.*

The Cancer Data Registry of Idaho is a population-based cancer registry that collects incidence and survival data on all cancer patients residing in the state of Idaho, or diagnosed or treated for cancer in the state of Idaho. The Cancer Data Registry of Idaho is essential for assessing the extent of cancer burden in the state.

*Interoperability: the system is not interoperable.*

## A.15 Children's Health Insurance Program Reauthorization Act (CHIPRA) Grants

*If the State was awarded an HIT-related grant, such as a Transformation Grant or a CHIPRA HIT grant, please include a brief description.*

Idaho Medicaid, in collaboration with the Utah Department of Health and the University of Utah's Department of Health Sciences, was awarded a five year CHIPRA Quality Demonstration Grant in February of 2010. This grant will be in place through February 2015. The total award is $10,277,360. Idaho's total portion is $2,032,593. Idaho and Utah will develop a regional quality system guided by the medical home model to enable and assure ongoing improvement in the healthcare of children enrolled in Medicaid and the Children's Health Insurance Program. The project will focus on improving health outcomes for children and youth with a focus on those with special health care needs through the use of EHRs, HIEs, and other HIT tools.

The state's plan to pilot a new administrative service using Medical Home Coordinators embedded in primary and sub-specialty care practices to support ongoing improvements in care, coordination of care, and support for children with chronic and complex conditions and their families. Utah and Idaho also plan to use learning collaborates', practice coaches, and parent partners to train primary and sub-specialty child health practices in medical home concepts. The ultimate outcome will be improved health care for children in the two states, robust integration of HIT into child health practices, a regional quality system, and valuable quality improvement tools and resources that can be shared with other states and regions.

Three of the objectives of this grant are HIT specific. Objective number one is to develop and implement a cross-state connection between the IHDE and the Utah Health Information Network improving the sharing of health information for Idahoans who use Utah's health care services. The goal of this effort is to create a fully functional interface between Idaho's statewide health information exchange and the Utah Health Information Network. This is particularly important for children from Idaho who receive sub-specialty care at the University of Utah's Primary Children's Medical Center. This included 1711 children enrolled in Idaho Medicaid over the past two years. Interstate health information exchange between Utah and Idaho will provide greater access to patient data and will provide additional value for those healthcare providers who are hesitant to adopt EHRs or participate in the electronic exchange of health information.

The second HIT related grant objective is to assist the IDHW to create a bi-directional interface between the Idaho Immunization Reminder Information System (IRIS) and the IHDE. This will optimize accessibility as well as practice utilization of the immunization reminder system, and result in more accurate reporting of immunizations which will improve health outcomes for Idahoans.

The third objective of the CHIPRA Quality Demonstration Grant is to integrate Idaho services and resource data into the Medical Home Portal created by Utah (www.medicalhomeportal.org). The portal will provide ongoing support to both physicians and parents who have children with special healthcare needs. It is expected that this work will lead to a complete integrated service, resource, and referral data system in the Idaho Medical Home Portal.

## Section B - "To-Be" HIT Landscape & Vision

This section presents a description of HIT goals and objectives to be achieved in the next five years. These objectives were developed by members of the IDHW organization who are recognized experts in both information technology and Idaho Medicaid programs, with oversight from project sponsors and external stakeholders.

The CMS State Medicaid HIT Plan (SMHP) Template has identified a specific set of questions for each section of the SMHP. The questions for Section B are listed in the following table, and are also inserted in numerical order along with the Idaho Medicaid response.

| Please describe the State's "To-Be" HIT Landscape: |
|---|
| *1. Looking forward to the next five years, what specific HIT/E goals and objectives does the SMA expect to achieve? Be as specific as possible; e.g., the percentage of eligible providers adopting and meaningfully using certified EHR technology, the extent of access to HIE, etc.* |
| *2. *What will the SMA's IT system architecture (potentially including the MMIS) look like in five years to support achieving the SMA's long term goals and objectives? Internet portals? Enterprise Service Bus? Master Patient Index? Record Locater Service?* |
| *3. How will Medicaid providers interface with the SMA IT system as it relates to the EHR Incentive Program (registration, reporting of MU data, etc.)?* |
| *4. Given what is known about HIE governance structures currently in place, what should be in place by 5 years from now in order to achieve the SMA's HIT/E goals and objectives? While we do not expect the SMA to know the specific organizations will be involved, etc., we would appreciate a discussion of this in the context of what is missing today that would need to be in place five years from now to ensure EHR adoption and meaningful use of EHR technologies.* |
| *5. What specific steps is the SMA planning to take in the next 12 months to encourage provider adoption of certified EHR technology?* |
| *6. ** If the State has FQHCs with HRSA HIT/EHR funding, how will those resources and experiences be leveraged by the SMA to encourage EHR adoption?* |
| *7. ** How will the SMA assess and/or provide technical assistance to Medicaid providers around adoption and meaningful use of certified EHR technology?* |
| *8. ** How will the SMA assure that populations with unique needs, such as children, are appropriately addressed by the EHR Incentive Program?* |
| *9. If the State included in a description of a HIT-related grant award (or awards) in Section A, to the extent known, how will that grant, or grants, be leveraged for implementing the EHR Incentive Program, e.g. actual grant products, knowledge/lessons learned, stakeholder relationships, governance structures, legal/consent policies and agreements, etc.?* |
| *10. Does the SMA anticipate the need for new or State legislation or changes to existing State laws in order to implement the EHR Incentive Program and/or facilitate a successful EHR Incentive Program (e.g. State laws that may restrict the exchange of certain kinds of health information)? Please describe.* |
| * May be deferred if timing of the submission of the SMHP does not accord with when the long-term vision for the Medicaid IT system is decided. Would be helpful to note if plans are known to include any of the listed functionalities/business processes.<br>** May be deferred. |

## B.1 HIT and HIE Goals and Objectives

*1. Looking forward to the next five years, what specific HIT/E goals and objectives does the SMA expect to achieve? Be as specific as possible; e.g., the percentage of eligible providers adopting and meaningfully using certified EHR technology, the extent of access to HIE, etc.*

Idaho Medicaid has established a set of four HIT and health information exchange (HIE) related objectives to guide the Electronic Health Record (EHR) Incentive Program toward the overarching goal to improve the quality and coordination of care by connecting providers to patient information at the point of service through meaningful use of EHRs.

***The overarching goal of the Idaho Medicaid EHR Incentive Program is to improve the quality and coordination of care by connecting providers to patient information at the point of service through meaningful use of EHRs.***

These objectives are detailed below:

### Implement the Idaho Medicaid EHR Incentive Program

Idaho Medicaid has implemented all required Year 1 components of an EHR Incentive Program as identified by CMS. In addition to meeting established program requirements, the program team will focus on increasing the adoption of certified EHR systems across the Idaho Medicaid provider community with an emphasis on Federally Qualified Health Centers (FQHCs) and critical access hospitals.

Idaho Medicaid recognizes challenges to estimating the number of providers that will register for the EHR Incentive Program due to a number of factors facing the Idaho medical provider community. In addition to constraints in broadband access in rural areas, discussed in Section A.2, Idaho had the lowest ratio of doctors per capita[2] of any state as of 2007, and the Association of American Medical Colleges has reported that, "40 percent of Idaho's physicians are age 55 or older and that 21 percent are 65 or older", which ranks Idaho as having the sixth oldest provider population[3]. This population may choose not to invest in an EHR system at this point in their careers. These types of challenges may lead to lower overall interest in EHR adoption by Idaho providers.

Idaho Medicaid does not currently have sufficient information to accurately estimate how many providers have a percentage of Medicaid patients high enough to meet eligibility requirements for the EHR Incentive Program. As such, Idaho has chosen an approach used in other states where the measurable objectives focus on the transition of Medicaid EHR Incentive Program participants from adoption of EHR technology to meaningful use achievement. The Idaho Medicaid EHR Incentive Program aimed to have 12% of eligible professionals and 25% of eligible hospitals that enroll in the first year of Idaho's program to meet MU within the second

[2] American Medical Association "Physicians Characteristics and Distribution in the U.S." published 2010 by US Census Bureau (http://www.census.gov/compendia/statab/2012/ranks/rank18.html)
[3] Association of American Medical Colleges "Recent Studies and Reports on Physician Shortages in the US" November 2010 (https://www.aamc.org/download/100598/data/recentworkforcestudiesnov09.pdf)

year of the program. By the end of the third year, the program aimed to have MU compliance with 25% of eligible professionals and 40% eligible hospitals enrolled during the first two years of the program. The program budget has been designed to accommodate higher participation than these percentages, as this goal is intended to focus on assisting eligible professionals and hospitals through the graduated phases of the program as MU standards become more rigorous.

## Coordinate Assistance to Providers in Reaching Meaningful Use

To meet the transition to MU measurable objectives stated above, Idaho Medicaid anticipates that communication campaigns and coordination of technical assistance to providers will be a major objective. This includes supporting and augmenting the REC's technical assistance. This also includes outreach about the specifics of the Idaho Medicaid EHR Incentive Program, the application process, and pre-training of providers relating to the Idaho Incentive Management System (IIMS). Outreach will focus on the expected outcome and goals of MU and the specific steps of attesting to MU.

Planned communication activities are presented in Section B.5, including specific activities focused on critical access hospitals. Technical assistance for providers is discussed in Section B.7.

## Leverage the Statewide Health Information Exchange

Idaho's statewide health information exchange is maintained by the IHDE, which was created as a result of the efforts of the Health Quality Planning Commission established by the Idaho Legislature in 2006.

Idaho Medicaid will leverage the services and functionality of the exchange to promote HIT across the provider community. This includes working with the IHDE to educate providers about the statewide health information exchange and the capacity of the exchange to assist providers in meeting MU. Also, Idaho Medicaid will work with the IHDE to explore how they will support the EHR Incentive Program in areas such as aggregated reporting of clinical quality measures.

Additional information about the IHDE and forthcoming advancements can be found in Section B.2 under "Major Planned Initiatives".

## Achieved CMS Certification for Idaho's New Medicaid Management Information System (MMIS)

Idaho Medicaid gained CMS system certification in 2012 for Idaho's new MMIS. This crucial step allows for further advancement of MMIS functionality in the next five years. Additional functionality that could support the Idaho Medicaid EHR Incentive Program includes working with pre-paid ambulatory health plans (PAHPs) to transmit encounter data to the MMIS for reporting by the DSS.

## B.2 Future Information Technology (IT) System Architecture Relating to HIT and Health Information Exchange (HIE)

*2. What will the SMA's IT system architecture (potentially including the MMIS) look like in five years to support achieving the SMA's long term goals and objectives? Internet portals? Enterprise Service Bus? Master Patient Index? Record Locater Service?*

In order to progress the objectives set forth in section B.1, Idaho Medicaid needs to fully leverage their existing technology, add functionality to integrate existing technology, and implement new technology. The following is a list of core systems relative to the HIT objectives:

Medicaid Management Information System

Early in 2010 the IDHW replaced its MMIS which was certified by CMS in 2012. The focus for Idaho's MMIS activities through 2014 include implementing MMIS changes to support multiple important state legislative directives, and upgrading the core claims processing system and other MMIS components to support required federal changes. These changes include adoption of the ICD-10 code set, and changes stemming from the Affordable Care Act of 2010.

Idaho Benefits Eligibility System

Another critical IT project for the IDHW was the implementation of the Idaho Benefits Eligibility System, which determines Medicaid eligibility. Prior to implementation in 2009, the IDHW was using a 23-year-old human service benefits eligibility system that was outdated, expensive to maintain, and that struggled to support the IDHW's changing business needs. This new eligibility system uses a business rules engine that includes a set of Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program, Children's Health Insurance Program, and Medicaid rules adapted for state requirements.

The Idaho Benefits Eligibility System will play a role in the next five years due to potentially significant enrollment increases as a result of the Patient Protection and Affordable Care Act, which took effect January 1, 2014. The modernized eligibility system puts Idaho in a better place to support expanded eligibility groups. Approximately 15% of Idahoans are on Medicaid as of fall 2011. As of July 2010, the Medicaid Administrator examined the potential impacts of the Patient Protection and Affordable Care Act on Medicaid enrollment, which were updated as of spring 2011, to estimate that the percentage of Idahoans on Medicaid could potentially increase to 25.6% by 2020.

These increases in Medicaid enrollment could expand the number of professionals and hospitals eligible for the Idaho Medicaid EHR Incentive Program.

Idaho Incentive Management System (IIMS)

The technology necessary to implement the EHR Incentive Program is a standalone application that provides the required functionality and interface with the National Level Registry. No interfaces to the MMIS will be possible at this time due to resource constraints. Currently, Idaho MMIS staff is dedicated to gaining CMS certification prior to implementing additional system changes. As a result, the EHR Incentive Management System will provide all required functionality to manage the incentive program from attestation through the delivery of incentive

payments. The IIMS is a web-based application, accessed by eligible professionals and eligible hospitals by way of a web portal. Payments will be made through Navision, a third-party financial accounting application. The system is based on that which was developed and implemented by the state of Kentucky. For additional information about the Navision solution, please refer to Section C.12.

Health Insurance Exchange

Idaho's Department of Insurance and IDHW have established a partnership in generating a Health Insurance Exchange for Idaho. As of September 2011, the Health Insurance Exchange Project entered the requirements validation and design phase. The Health Insurance Exchange for Idaho is currently running off of the federal exchange; however a state-based exchange is approved and being built. The details of the state-based exchange are still evolving, and the exchange go-live date is unknown at this time. The Health Insurance Exchange Project has gained approval to be a State run exchange.

Idaho Health Data Exchange

As discussed in Section A.5, the IHDE is a 501(c)(6) non-profit corporation that was established to govern the development and implementation of a statewide health information exchange in Idaho. Although the exchange is operated independently of Idaho Medicaid and not considered part of the State Medicaid Agency IT System Architecture, the IHDE plays a crucial role in meeting the HIT vision and objectives. See below for information about planned initiatives including the statewide health information exchange.

## Major Planned Initiatives

There are a number of projects underway to create the architecture necessary to promote the exchange of health information across Idaho.

Health Information Exchange

A project is underway to create an interface from the proposed statewide health information exchange to Idaho's Immunization Reminder Information System (IRIS). This will optimize accessibility as well as improve utilization of the Idaho Immunization Reminder Information System, resulting in more accurate reporting of immunizations and providing the potential to improve health outcomes for Idahoans. Registered users will also have the ability to display Idaho Immunization Reminder Information System data on a provider's computer.

Additionally, as of fall 2011, the IHDE is in discussion with both Washington state's HIE 'One Health Port' and Inland Northwest Health Services (a Beacon Community grantee, see Section A.13) to link HIEs. The entities are currently reviewing and comparing data sharing agreements and policies to see what collaboration will be appropriate.

More broadly speaking, Idaho Medicaid has an objective to improve care coordination to produce improved health care outcomes. This objective is reliant on the ability to gain access to necessary clinical data, link that clinical data to Medicaid claims/encounter data, and the application of decision support tools to make effective clinical and program decisions. The HIT architecture necessary to achieve this objective, at a minimum, requires that Idaho Medicaid extend the capabilities and functionality of the MMIS DSS. In addition, a future interface

between the statewide health information exchange and the DSS could serve as the conduit for MU clinical quality measures in support of the EHR incentive program as it moves into its downstream stages. A decision regarding the implementation of this interface and other improvements to the DSS will be considered by Idaho Medicaid following certification of the MMIS, and reflected in a future update to this SMHP, if appropriate.

All Payer Claims Database

Currently, there is no all payer claims database in Idaho. In the fall of 2011, the Idaho Health Quality Planning Commission recommended the creation of an all payer claims database in Idaho for consideration by the Idaho State Legislature. The Idaho EHR Program would benefit greatly from the creation of the database in the facilitation of EHR Incentive Program eligibility based on claims data. Any decision will be documented in a future annual update to the SMHP.

Also during the 2014 legislative session, the Health and Welfare Sub-committee put forth House Concurrent Resolution No. 49 stating findings of the Legislature and instructing the IDHW to investigate the creation of a hospital discharge database and a comprehensive system of healthcare data and to establish an advisory committee to create an implementation plan for such data.

## HIT and HIE Architecture Summary

In summary, the HIT and HIE architecture over the next five years will rely on the following initiatives and technologies.

Table B-1: Summary of HIT and HIE Architecture in Next Five Years

| Technology | Purpose – Delivered Functionality | Status |
|---|---|---|
| MMIS | Gain certification of new Medicaid Management Information System | Operational |
| DSS | Extend the capabilities of the DSS | Operational |
| EHR Incentive Management System | Web-based application based on the system deployed in Kentucky | Operational |
| Idaho Benefits Eligibility System | Modern platform with rules engine providing necessary flexibility | Operational |
| Statewide health information exchange | Master patient index, record locator service, provider directory, clinical messaging, delivery of lab results and clinical data repository, connectivity with third party EHRs | Operational |
| Statewide health information exchange | Uni-directional interface from Idaho's health information exchange to the Immunization Reminder Information System | On Road Map Plan |
| Statewide health information exchange | Additional bi-directional functionality of the interface between Idaho's health information exchange and Immunization Reminder Information System | Not at this time |

## B.3 Idaho Medicaid EHR Incentive Program Interface

*3. How will Medicaid providers interface with the SMA IT System as it relates to the EHR Incentive Program?*

Idaho Medicaid will maintain its focus on the deployment of modern, flexible technology and in keeping with this technology thrust, will seek a web-based application that eligible professionals and eligible hospitals can access utilizing a standard web browser.

In 2012 the IIMS managed the attestation process associated with adoption, implementation, and upgrade of certified EHR technology. In 2013 IIMS managed the attestation process associated with MU and the storage of the clinical quality measures, menu measures and core measures for EPs and EHs. In 2014 the state of Idaho allowed providers to meet MU with EHRs certified to the 2011 or the 2014 edition criteria. This action was in agreement to the new flexibility rule that went into effect on October 1, 2014. Providers are required to report using 2014 edition CEHRT for an EHR reporting period beginning in 2015 and Idaho will extend stage 2 through 2016. EPs and EHs attesting to Idaho EHR in 2014 need to use 90 day clinical quality measures which cannot overlap or be from separate calendar years. The CQMs cannot be separated from MU objectives and measures, but providers can use the updated electronic specification of the CQMs.

Detailed information about the EHR Incentive Management System can be found in Section C.12.

## B.4 Vision for HIE Governance

*4. Given what is known about HIE governance structures currently in place, what should be in place by 5 years from now in order to achieve the SMA's HIT/E goals and objectives? While we do not expect the SMA to know the specific organizations will be involved, etc., we would appreciate a discussion of this in the context of what is missing today that would need to be in place five years from now to ensure EHR adoption and meaningful use of EHR technologies.*

Currently, the state has four primary mechanisms for the governance of HIT and HIE related initiatives. Firstly, the SMHP development has oversight from project sponsors within the IDHW. Closely monitoring the progress of the effort, the project sponsors provide guidance and direction to the Idaho Medicaid EHR Incentive Program Manager for the oversight of the content of the SMHP and the implementation of the EHR Incentive Program.

Secondly, the IHDE has in place a Board of Directors with representation from both the public and private sectors, including the health care delivery and financing systems, health care providers, the Idaho Employer Coalition, and consumers. This board provides guidance and direction for the IHDE.

Thirdly, a HIT Coordinator has been appointed by the state with the primary role of coordinating HIT activities across the IDHW's boundaries and between the public and private sectors. The role of the State HIT Coordinator is described in Section A.10.

The fourth mechanism is the Idaho Health Care Council, created in 2010 by Idaho Governor Butch Otter's Executive Order. The Idaho Health Care Council coordinates initiatives in healthcare to support and implement Idaho's best solutions. As of their June 2011 meeting, the council was considering ways to improve Idaho's system of healthcare within the areas of HIT, affordability and accessibility, and health service delivery.

Moving forward, Idaho Medicaid and other HIT and HIE involved stakeholders will need to display a high degree of collaboration through the state's HIT Coordinator as well as with the IHDE, the REC, FQHCs, and the ONC among others. This collaboration will enable the health care community in Idaho to leverage and springboard on the work that is being done by each of these entities. It may also be necessary going forward to form a HIT Advisory Committee consisting of technical leadership across the state, both in the private and public sectors, to ensure efforts are integrated across the state. This option will be considered and reported on in the next major update to this SMHP.

Other councils and mechanisms for collaboration across the HIT and HIE environment are described in the "As Is" landscape, Section A.5.

## B.5 EHR Adoption Initiatives

*5. What specific steps is the SMA planning to take in the next 12 months to encourage provider adoption of certified EHR technology?*

Idaho Medicaid continues to support the efforts of, and partner with, the Washington & Idaho REC and its work to promote the adoption of certified EHR technology across the state. Our REC is only able to deliver services to a subset of the eligible provider community due to funding limitations.

Most importantly, Idaho Medicaid will encourage the adoption of certified EHR technology through the implementation of the Idaho EHR Incentive Management System. By making incentive payments available to qualified eligible professionals and eligible hospitals, Idaho Medicaid will be encouraging Medicaid providers to engage in moving their practices to an environment where the use of EHRs is commonplace.

In addition to the above initiatives, Idaho Medicaid will continue to implement a communication and outreach plan on the incentive program. This outreach effort is anchored by a website located at the following URL address: http://www.MedicaidEHR.dhw.idaho.gov

This website provides a wealth of information regarding the EHR incentive program including eligibility requirements, important links, and other information relevant to the program. Idaho Medicaid will continue to inform potentially eligible professionals and hospitals of the website by including the website address on outreach presentation materials that are presented to stakeholder groups (including, but not limited to, professional associations and provider groups) for subsequent distribution through respective communication channels. Additionally, the address will be printed in program brochures, business cards, Medicaid's email correspondence footer information, remittance advance banner notices, and through verbal communication during standing teleconference meetings with provider groups.

In addition to this resource, the Idaho Medicaid communication and outreach program will include the following mechanisms to broadly disseminate information about the program:

- Written materials distributed in a variety of ways, such as United States mail, conferences, professional association meetings, and site visits by other Medicaid programs.
- Idaho Medicaid hosted training and information sessions.
- Idaho Medicaid Incentive Program staff available to field questions and inquiries by phone or electronically.
- State Medicaid resources will work with the REC, the State HIT Coordinator, and professional organizations to provide training on the use of the Idaho EHR Incentive Management System and to assist in achieving MU.

Future efforts to increase Idaho Medicaid providers' knowledge about certified EHR technology and encouragement of certified EHR adoption will expand on existing outreach methods and potentially include webinars, social media, and electronic brochures.

The IDHW and the Washington & Idaho REC have already established relationships with many professional organizations and provider groups as part of the SMHP development process, and will leverage their participation in communication and outreach efforts related to the state's EHR Incentive Program. Idaho Medicaid will ensure that the communication activities coordinated with the Washington & Idaho REC, IHDE and any other entities that may receive funding from CMS or similar sources are well designed so as to not duplicate effort. For more information about the unique roles of Idaho Medicaid, the IHDE, and the Washington & Idaho REC refer to Section A.6.

The IDHW will ensure communications and outreach activities are compliant with CMS rules and guidelines as well as state-specific requirements, and develop phase-specific information leading up to provider registration, attestation, and payment of Medicaid EHR incentives.

## Critical Access Hospital Specific Activities

The State HIT Coordinator, the Idaho Hospital Association, and the Manager of the Idaho Medicaid EHR Incentive program gathered information on barriers to EHR adoption for critical access hospitals. Data from a survey conducted by the American Hospital Association was used as a baseline and additional information gathered as necessary through follow up with the individual hospitals. The goal was to identify barriers so that strategies can be developed to address those barriers.

Once barriers for EHR adoption by critical access hospitals were identified, the Idaho Hospital Association, the State HIT Coordinator, and the EHR Incentive Program Lead collaborated and developed strategies that addressed those barriers, including conducting boot camps coordinated and hosted by the Idaho Hospital Association.

## B.6 Health Resources Service Administration HIT/EHR Funding in Idaho

*6. If the State has FQHCs with HRSA HIT/EHR funding, how will those resources and experiences be leveraged by the SMA to encourage EHR adoption?*

No Health Resources Service Administration grants have been identified within the state. Idaho's FQHCs have not received HIT/EHR funding from the Health Resources Services Administration. The FQHCs in Idaho are not part of a centralized IT solution such as a health center control network system and therefore are not positioned to employ a single EHR solution that would support and integrate with individual systems that FQHCs are currently using. There are limited opportunities for FQHCs to collaborate on system development.

Idaho Medicaid participates in a standing meeting with the Idaho FQHCs. If Health Resources Services Administration grants are identified in the future, staff will ensure that the funding does not duplicate activities of the Idaho Medicaid EHR Incentive program.

## B.7 Technical Assistance for Idaho Medicaid Providers

*7. How will the SMA assess and/or provide technical assistance to Medicaid providers around adoption and meaningful use of certified EHR technology?*

The state Medicaid agency develops training materials for eligible professionals and eligible hospitals in collaboration with the REC, the HIT Coordinator, and other professional associations. Resources include a provider handbook, webinars, and standing teleconferences in support of AIU and MU attestation.

Idaho Medicaid has made available, prior to launch of program registration and attestation, a standing phone number and email address for providers to contact the Idaho Medicaid EHR Incentive Program. These contact points were communicated to providers prior to program launch via outreach partnerships. Currently, there is a standing email address, EHRincentives@dhw.idaho.gov, which a number of providers have already contacted to inquire about the status of the program to date. This email address will continue to be promoted in print and electronic outreach materials.

During the program, providers have the opportunity to contact a live person during business hours of 8 a.m. to 5 p.m. Mountain Time, Monday through Friday, except state holidays. Messages left on voicemail or email will receive responses no later than two business days. Written correspondence, other than e-mail, requesting information or action will be responded to within 10 calendar days.

Idaho Medicaid Healthy Connections staff, located throughout regional state offices, will also be trained to answer basic questions from providers in their region regarding the Idaho Medicaid EHR Incentive Program. These Healthy Connections staff members periodically make contact with providers as part of their normal business activities, and will be trained as advocates for the Idaho Medicaid EHR Incentive Program. The Idaho EHR program operations staff is available to provide more in-depth technical assistance and solicit feedback from these regional counterparts that are often in direct contact with providers.

Qualified providers will also have access to technical assistance services through the Washington & Idaho REC which will complement, but not duplicate, the technical assistance activities offered by Idaho Medicaid.

## B.8 Addressing Populations with Unique Needs

*8. How will the SMA assure that populations with unique needs, such as children, are appropriately addressed by the EHR Incentive Program?*

Idaho Medicaid recognizes the importance of making the incentive program available to all eligible professionals and hospitals, particularly those that reside in more rural settings where the unique needy populations may exist. As such, Idaho Medicaid will ensure the following steps are taken:

- Specifically address intentions to reach out to more rural providers utilizing other than electronic means within the outreach and communications plan.
- Develop communication materials regarding the program that account for cultural differences.

Through these efforts, Idaho Medicaid will provide all Medicaid providers an even footing on which to make decisions about pursuing the Idaho Medicaid EHR Incentive Program and adoption of certified EHR technology.

Additionally, Idaho is working to implement a Medical Home model as part of the Children's Health Improvement Collaborative Project, which will target children with special health needs. More information about this project can be found in Section C.11.

## B.9 Leveraging HIT-Related Grant Awards

*9. If the State included in a description of a HIT-related grant award (or awards) in Section A, to the extent known, how will that grant, or grants, be leveraged for implementing the EHR Incentive Program, e.g. actual grant products, knowledge/lessons learned, stakeholder relationships, governance structures, legal/consent policies and agreements, etc.?*

This section summarizes these grants and how they will be leveraged in the implementation of the EHR incentive program, and objectives identified in Section B.1.

Table B-2: HIT-Related Grant Awards

| Grant | Impact on EHR incentive program |
|---|---|
| CHIPRA | Provides value to those healthcare providers who are hesitant to adopt EHRs by:<br>• Connecting the IHDE and the Utah Health Information Network<br>• Establishing an interface between Idaho's Immunization Reminder Information System and the statewide health information exchange *(initial interface will be uni-directional, bi-directional interface also planned)*<br>• Establishing the Medical Home Portal to support information needs for families caring for special needs children<br>*Funding Timeframe:*<br>Statewide health information exchange and Immunization Reminder Information System - 3/11-12/13<br>IHDE and Utah Health Information Network - On Road Map Plan with no timeframe |
| Broadband Grants | The availability of broadband access increases the likelihood that providers in rural areas will adopt certified EHR technology and be able to achieve MU. |
| Magic Valley Hospital EHR Grant | Enables the hospital to implement an ambulatory EHR in multiple rural primary care and specialist settings. |

## B.10 New State Legislation

*10. Does the SMA anticipate the need for new or State legislation or changes to existing State laws in order to implement the EHR Incentive Program and/or facilitate a successful EHR Incentive Program?*

Idaho Medicaid has found no need for new legislation or changes to existing state laws for implementation of the Idaho Medicaid EHR Incentive Program.

AIU for the EHR Incentive Program require administrative rules to be published to fully implement the program. IDAPA rule 16.03.25 was published 04/04/13.

## Section C – EHR Incentive Program Implementation Plan

This section outlines the administration of the Idaho Medicaid Electronic Health Record (EHR) Incentive Program and the processes the IDHW will employ to ensure that eligible professionals and eligible hospitals have met federal and state statutory and regulatory requirements for the EHR incentive payments.

The CMS State Medicaid Health Information Technology (HIT) Plan (SMHP) Template has identified a specific set of questions for each section of the SMHP. The questions for Section C are listed in the following table, and are also inserted in numerical order along with the Idaho Medicaid response. Please note that (a) and (b) designations have been assigned to items numbered 6, 7, and 22 due to duplication of numbering in the CMS template.

| Activities Necessary to Administer and Oversee the EHR Incentive Payment Program: |
|---|
| *1. How will the SMA verify that providers are not sanctioned, are properly licensed/qualified providers?* |
| *2. How will the SMA verify whether EPs are hospital-based or not?* |
| *3. How will the SMA verify the overall content of provider attestations?* |
| *4. How will the SMA communicate to its providers regarding their eligibility, payments, etc?* |
| *5. What methodology will the SMA use to calculate patient volume?* |
| *6(a). What data sources will the SMA use to verify patient volume for EPs and acute care hospitals?* |
| *7(a). How will the SMA verify that EPs at FQHC/RHCs meet the practices predominately requirement?* |
| *6(b). How will the SMA verify adopt, implement or upgrade of certified electronic health record technology by providers?* |
| *7(b). How will the SMA verify meaningful use of certified electronic health record technology for providers' second participation years?* |
| *8. Will the SMA be proposing any changes to the MU definition as permissible per rule-making? If so, please provide details on the expected benefit to the Medicaid population as well as how the SMA assessed the issue of additional provider reporting and financial burden.* |
| *9. How will the SMA verify providers' use of certified electronic health record technology?* |
| *10. How will the SMA collect providers' meaningful use data, including the reporting of clinical quality measures? Does the State envision different approaches for the short-term and a different approach for the longer-term?* |
| *11. * How will this data collection and analysis process align with the collection of other clinical quality measures data, such as CHIPRA?* |
| *12. What IT, fiscal and communication systems will be used to implement the EHR Incentive Program?* |
| *13. What IT systems changes are needed by the SMA to implement the EHR Incentive Program?* |
| *14. What is the SMA's IT timeframe for systems modifications?* |
| *15. When does the SMA anticipate being ready to test an interface with the CMS National Level Repository (NLR)?* |
| *16. What is the SMA's plan for accepting the registration data for its Medicaid providers from the CMS NLR (e.g. mainframe to mainframe interface or another means)?* |

| |
|---|
| *17. What kind of website will the SMA host for Medicaid providers for enrollment, program information, etc?* |
| *18. Does the SMA anticipate modifications to the MMIS and if so, when does the SMA anticipate submitting an MMIS I-APD?* |
| *19. What kinds of call centers/help desks and other means will be established to address EP and hospital questions regarding the incentive program?* |
| *20. What will the SMA establish as a provider appeal process relative to: a) the incentive payments, b) provider eligibility determinations, and c) demonstration of efforts to adopt, implement or upgrade and meaningful use certified EHR technology?* |
| *21. What will be the process to assure that all Federal funding, both for the 100 percent incentive payments, as well as the 90 percent HIT Administrative match, are accounted for separately for the HITECH provisions and not reported in a commingled manner with the enhanced MMIS FFP?* |
| *22(a). What is the SMA's anticipated frequency for making the EHR Incentive payments (e.g. monthly, semi-monthly, etc.)?* |
| *22(b). What will be the process to assure that Medicaid provider payments are paid directly to the provider (or an employer or facility to which the provider has assigned payments) without any deduction or rebate?* |
| *23. What will be the process to assure that Medicaid payments go to an entity promoting the adoption of certified EHR technology, as designated by the state and approved by the US DHHS Secretary, are made only if participation in such a payment arrangement is voluntary by the EP and that no more than 5 percent of such payments is retained for costs unrelated to EHR technology adoption?* |
| *24. What will be the process to assure that there are fiscal arrangements with providers to disburse incentive payments through Medicaid managed care plans does not exceed 105 percent of the capitation rate per 42 CFR Part 438.6, as well as a methodology for verifying such information?* |
| *25. What will be the process to assure that all hospital calculations and EP payment incentives (including tracking EPs' 15% of the net average allowable costs of certified EHR technology) are made consistent with the Statute and regulation?* |
| *26. What will be the role of existing SMA contractors in implementing the EHR Incentive Program – such as MMIS, PBM, fiscal agent, managed care contractors, etc.?* |
| *27. States should explicitly describe what their assumptions are, and where the path and timing of their plans have dependencies based upon:*<br>*-The role of CMS (e.g. the development and support of the National Level Repository; provider outreach/help desk support)*<br>*-The status/availability of certified EHR technology*<br>*-The role, approved plans and status of the RECs*<br>*-The role, approved plans and status of the HIE cooperative agreements*<br>*-State-specific readiness factors* |
| *May be deferred |

## C.1 Professional and Hospital Eligibility

*1. How will the SMA verify that providers are not sanctioned, are properly licensed/qualified providers?*

Idaho Medicaid EHR Incentive Program staff will obtain sanction data from CMS' Medicare & Medicaid EHR Incentive Program Registration and Attestation System to identify providers with federal sanctions as reported on the National Practitioner Data Bank, and Office of Inspector General's list of excluded individuals and entities.

For state-based sanctions and licensure, Idaho Medicaid EHR Incentive Program staff will review the provider file within the new Idaho Medicaid Management Information System (MMIS) to verify that providers are not sanctioned and are properly licensed and qualified.

Some potentially eligible professionals may not be enrolled through the MMIS. In such cases, the Idaho Medicaid EHR Incentive Program staff will do one of the following:

- Identify whether the provider is a dentist in good standing with DentaQuest, the private administrator of Idaho's dental program, as listed on their roster of active providers. The existing contract between the IDHW and DentaQuest requires that participating providers not be sanctioned.
- Confirm whether the provider is listed in good standing on a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC) roster maintained within the MMIS. Idaho policy requires that facilities alert Medicaid Provider Services within 30 days of any change to the roster. The Health Resources and Service Administration's Bureau of Primary Care requires health centers to confirm the licensure or credentialing of their health care practitioners, both employed and contracted, every two years in accordance with the Credentialing and Privileging Policy of the Bureau. Additionally, FQHCs that participate in the malpractice liability coverage under the Federal Tort Claims Acts provide evidence of credentialing.

In the event that a provider's licensure qualification cannot be confirmed based on data available in the aforementioned sources, Idaho Medicaid EHR Incentive Program staff will inquire with the MMIS provider enrollment team, the Idaho Board of Medical Licensure, as well as review bordering state websites to confirm qualification as an eligible professional or eligible hospital.

## C.2 Identifying Hospital-Based Professionals

*2. How will the SMA verify whether EPs are hospital-based or not?*

Hospital-based providers are ineligible as an eligible professional to participate in the incentive program and are defined as those professionals who provide more than 90% of their services in a hospital setting (inpatient and emergency room). To ensure that hospital-based providers are excluded from the program, Idaho Medicaid EHR Incentive Program staff will analyze professional claim and encounter data available from the Idaho MMIS, and DentaQuest reported data, for the appropriate reporting period to determine the rendering provider's National Provider Identifier (NPI) and the Health Insurance Portability and Accountability Act (HIPAA) standard transaction place of service codes on the claim and encounter data. Idaho Medicaid intends to use Place of Service Codes 21-Inpatient Hospital, and 23-Emergency Room as a basis for determining hospital-based services.

In the absence of an All Payers Database, the Idaho Medicaid EHR Incentive Program will make these hospital-based determinations based on Medicaid claims, but will consider expanded data if from an auditable source and presented by a provider as part of an eligibility reconsideration request.

When the predominant (greater than 90%) place of service is found to be an inpatient hospital and emergency room, the provider will be considered hospital-based and will be contacted by the program and provided the opportunity to submit documentation of auditable data to demonstrate that 90% or less of their total claims are for services provided at an inpatient hospital or emergency room.

Additionally, Idaho Medicaid's EHR Incentive Program auditor will prepare and provide information for use in projections and pre-payment reviews of applications to include identification of all eligible professionals that are hospital based, using data from the MMIS and hospital cost reports. Idaho Medicaid's audit strategy is presented in Section D of this plan.

For FQHC- and RHC-based providers, claims data is not available in the MMIS at the provider level. The Idaho Medicaid EHR Incentive Program will consider a provider to not be hospital-based if they can provide attestation of "practicing predominantly" at an FQHC or RHC which includes demonstration that more than 50% of an eligible professional's encounters over a six-month period in the most recent calendar occurred at an FQHC or RHC. Effective January 1, 2013, if the patient volume is less than the amount necessary to meet eligibility criteria for an incentive payment, the "preceding calendar" year in the formula will be replaced with a "12-month period" prior to the attestation date.

Additionally, eligible professionals who can demonstrate that they fund the acquisition, implementation, and maintenance of certified EHR technology, including supporting hardware and any interfaces necessary to meet MU without reimbursement from an eligible hospital or critical access hospital (CAH) and uses such certified EHR technology in the inpatient or emergency department of a hospital (instead of the hospital's CEHRT), will be eligible for EHR incentive payments.

## C.3 Verification of Provider Attestations

*3. How will the SMA verify the overall content of provider attestations?*

Eligible professionals and eligible hospitals will utilize the Idaho Information Management System (IIMS) to submit attestation information to Idaho Medicaid. Idaho Medicaid EHR Incentive Program staff will carefully review and verify the attestation content provided through the portal. Idaho Medicaid's eligibility verification process for eligible professionals and eligible hospitals consists of a quantitative and qualitative review of attestation information and support materials submitted by the professional or hospital.

The quantitative review will ensure that all required attestation information and supportive materials submitted by the eligible professional or eligible hospital are deemed complete. The qualitative review consists of a thorough review of attestation content by Idaho Medicaid EHR Incentive Program staff and verification of reported attestation content against information on file with Idaho Medicaid including, but not limited to:

- Fee-For-Service encounter claims data from the Idaho MMIS and the Medicaid DSS.
- Hospital Cost Reports for eligible hospitals.
- Claims reports from FQHCs, Tribal clinics and RHCs.
- Review ONC for CEHRT.

Idaho Medicaid's audit services contractor will also verify the overall content of provider attestations as part of their audit services task, post payment. In these instances, content reviews for a sampled population will be conducted in a manner as described above, to achieve specific Idaho Medicaid EHR Incentive Program audit objectives. The audit strategy is presented in Section D of this plan.

Providers will be informed that all attestation documentation must be maintained for a period no less than six years after their first incentive payment has been processed for the purpose of auditing.

## C.4 Communication Approach

*4. How will the SMA communicate to its providers regarding their eligibility, payments, etc?*

Idaho Medicaid's communication approach promotes flexibility and enables communication with providers in multiple formats. The preferred approach for routine communication will be electronic in nature, either through electronic mail or a notification for the provider to retrieve information that resides in the IIMS. Formal communication with the provider such as when payment should be expected, denials of eligibility, selection for audit, and appeal correspondence will occur via electronic correspondence and written letter where applicable.

Methods of direct communication with eligible professionals and eligible hospitals that have applied to the Idaho Medicaid EHR Incentive Program for an incentive payment will be, at a minimum, telephone, electronic mail, and United States mail. Providers will be required to supply contact information during the process of registering with CMS' Medicare & Medicaid EHR Incentive Program Registration and Attestation System, which will be used to communicate with providers. For an example of the minimum points of contact that Idaho Medicaid EHR Incentive Program staff will have with providers during the application process, please refer to SMHP Section C.12.

Official notice of decisions regarding provider applications and incentive payment distributions will be sent in writing by Idaho Medicaid EHR Incentive Program staff by United States mail. If an eligible provider has identified a designated payee to receive the incentive payment, the eligible provider and its designated payee will each receive a notice of payment distribution.

## C.5 Calculation of Patient Volume

*5. What methodology will the SMA use to calculate patient volume?*

The Idaho Medicaid EHR Incentive Program will utilize provider attestations for Medicaid patient volume calculations. Idaho Medicaid will use the "encounter method" for patient volume, calculated by dividing the total number of Medicaid patients served in a 90-day period in the preceding calendar year by the total number of patients (from all payers) in that same period. Effective January 1, 2013, if the patient volume is less than the amount necessary to meet eligibility criteria for an incentive payment, the "preceding federal fiscal year (for eligible hospitals) or calendar year " in the formula will be replaced with a "12-month period" prior to the attestation date depending if it is an eligible hospital or professional, respectively.

After the initial set up of provider attestation, Idaho Medicaid will review and verify (or reject) patient volume calculations in the following manner:

- For eligible professionals, Idaho Medicaid will monitor eligible professional attestations of Medicaid patient volume by utilizing Fee-For-Service encounter claims data from the Idaho MMIS. If there are discrepancies between the claim analysis and attestation information, Idaho Medicaid will contact the provider to determine the cause of the discrepancy. Additional audit procedures may be conducted to verify the accuracy of the provider's attestation. These procedures may include audits of provider documentation and records.
- For eligible hospitals, cost report information will be reviewed and compared to attestation information to assess the reasonableness of the attestation. Idaho Medicaid will utilize Medicaid discharges and total discharges from the cost report worksheet, for this verification. Idaho Medicaid will access and inventory hospital cost reports that will be utilized for hospital eligibility verification and payment calculations. Idaho MMIS claims data may also be used to monitor and validate (or reject) Medicaid discharges from attestation and cost reports.
- Effective October 1, 2012, for eligible hospitals, if the patient volume is less than the amount necessary to meet eligibility criteria for an incentive payment, the "preceding federal fiscal year" in the formula will be replaced with a "12-month period" prior to the attestation date.
- For eligible dentists, encounter claims information is maintained by DentaQuest, the private contractor for the Idaho Smiles program. To attest patient volume, dentists will request and submit a report from DentaQuest to include data fields identified by the Idaho Medicaid EHR Incentive Program. These fields will include the provider name, National Provider ID, place of service, billing provider ID, provider taxonomy (when necessary), begin and end date of attested 90-day period, and total Idaho Medicaid patient volume for that 90-day period (defined as a provider seeing a unique patient on any one day).
- For eligible providers that practice predominantly (more than 50% of the encounters) at an FQHC, RHC, or Tribal Health Center, patient volume requirements can meet by proxy using the facility's "needy individual" patient volume attestation. Effective January 1, 2013, if patient volume is less than the amount necessary to meet eligibility criteria for an incentive payment, the "six-month period within the prior calendar year" in the formula will be replaced with a "12-month period" prior to the attestation date. For more

information on provider level FQHC eligibility determinations, refer to Section C.7(a). Although these providers may also qualify individually using the "needy individual" volume from their predominant practice at an FQHC, RHC, or Tribal Health Center, Idaho Medicaid anticipates that eligible professionals will rarely attest with the individual rather than proxy patient volume. Also, the proxy calculation is better supported by available data, and is preferred by Idaho Medicaid from an auditing perspective.

- For FQHC/RHC facilities, the 30% patient volume threshold can be met with "needy individuals" which include Children's Health Insurance Program enrollees, persons receiving uncompensated care from the provider, or persons receiving services at no cost or on a sliding fee scale based on the individual's ability to pay in addition to Medicaid enrollees[4]. Please note that FQHCs and RHCs are not eligible for EHR incentive payments, but the patient volume is calculated for use as a proxy with providers that practice predominately at these clinics.

  The FQHCs report annual data to the Health Resources and Services Administration, known as the Uniform Data System report, which provides an audited data source by which the Idaho Medicaid EHR Program will verify the reasonableness of self-attested denominator data for the clinics' selected 90-day period. Idaho Medicaid anticipates that most FQHCs will meet the "needy individual" threshold based on Uniform Data System information compiled for all Idaho clinics that fall under the Health Resources and Services Administration, stating that these clinics served approximately 20% Medicaid and 53% uninsured patients in 2010[5], many of which would qualify for the sliding fee scale. This level of reported data is not available for RHCs, but Idaho Medicaid continues to work with the RHC provider community to anticipate their interest and likelihood in qualifying under the "needy individual" standards.

  As of October 2011, the Health Resources and Services Administration was considering proposed changes to the Uniform Data System reporting elements which Idaho Medicaid may be able to leverage in the future, including the addition of clinical measures relating to MU as well as new and revised questions about EHR capabilities.

- For Tribal Health Clinics (health care facilities owned and operated by American Indian and Alaska Native tribes and tribal organizations), CMS revised the EHR Incentive Program policy in June 2011 to allow Tribal Health Clinics to be considered as FQHCs[6] for "predominantly practicing" provider incentive eligibility purposes. The Idaho Medicaid EHR Incentive Program will consider patient volume for Tribal Health Clinics using the same approach as for FQHCs described above. For facilities that do not already submit Uniform Data System reports, Idaho Medicaid will work with clinics to identify an appropriate source for compiled claims information and/or statistics. One potential source the Idaho Medicaid EHR Incentive Program is considering is the Indian Health Service's national data repository, called the National Patient Information Reporting System. Idaho Medicaid may request additional information directly from the Tribal Health Center as appropriate, when not available from another source.

[4] per 42.USC, Sec. 1903(t)(3(F)
[5] http://bphc.hrsa.gov/uds/doc/2010/Idaho.pdf
[6] https://questions.cms.hhs.gov/app/answers/detail/a_id/10417/kw/tribal/session/L3NpZC8xbVN1S0F3aw%3D%3D

Table C-1: Minimum Medicaid Patient Volume Threshold

| Minimum Medicaid Patient Volume Threshold | |
|---|---|
| Physicians | 30% |
| Pediatricians | 20% |
| Dentists | 30% |
| Certified Nurse Midwives | 30% |
| Physicians Assistants* | 30% |
| Nurse Practitioners | 30% |
| Acute Care Hospitals | 10% |
| **When practicing at an FQHC/RHC that is led by a Physicians Assistant*<br>***Source: "Patient Volume and Practices Predominantly" CMS publication August 2011*** | |

For eligible professionals, a Medicaid encounter is defined as all of the services rendered to an individual in a single day. In calculating Medicaid patient volume, Children's Health Insurance Program encounter data is excluded for all eligible professionals except those practicing predominantly at an FQHC or RHC where it is included as "needy individual" encounter data. Eligible professionals must meet the minimum patient volume thresholds based on encounter data attributable to Medicaid, and Children's Health Insurance Program data, where applicable, during the continuous 90-day period selected by the eligible professional during the prior calendar year. Effective January 1, 2013, if the patient volume is less than the amount necessary to meet eligibility criteria for an incentive payment, the "preceding calendar year" in the formula will be replaced with a "12-month period" prior to the attestation date.

For eligible hospitals, a Medicaid encounter excludes all non-acute care services and discharges, such as nursery days, because they are not considered acute inpatient services based on the level of care provided during a normal nursery stay.

## Distinguishing Medicaid Encounters from Children's Health Insurance Program Encounters

Currently providers in Idaho have no way to distinguish Title 19 (Medicaid) participants from Title 21 (Children's Health Insurance Program) participants. As a result, the provider-attested encounter numbers are not likely to match the number of eligible Medicaid encounters in other data sources, including Medicaid claims data. Therefore, program staff will communicate with each provider the process for excluding Children's Health Insurance Program from calculated patient volume, even if the difference is insignificant. Effective January 1, 2013, if the subtraction of the Title 21 encounters makes the eligible professional or hospital (effective October 1, 2012) non-eligible for an incentive payment, Idaho Medicaid will use the stand-alone Title 21 encounters in the calculation.

Idaho Medicaid has established a standing report from the Idaho MMIS that will allow program staff to identify the number of eligible encounters a provider has had during each month in the

prior calendar year. This report would be run when the state receives notice from the CMS Registration and Attestation System (B-6) that a provider has completed registration. That information would then be sent to the provider to use when attesting, if requested.

Communication about this process will be included in provider outreach materials and presentations prior to program launch.

## Potential Future Updates to Patient Volume Calculation and Verification Approaches

Idaho is not currently a managed care state, does not use a "Patient Panel" approach, and does not have an All Payers Database. If any of these conditions change, an update to the SMHP may introduce updates to the patient volumes calculation and verification approaches.

## C.6(a) Verification of Patient Volume

*6(a). What data sources will the SMA use to verify patient volume for EPs and acute care hospitals?*

The following data sources will be used to verify patient volume for eligible professionals and acute care hospitals:

- Eligible professional and eligible hospital attestation application information reported through the Idaho Medicaid EHR Incentive Program Provider Portal.
- Fee-For-Service encounter claims data from the Idaho MMIS and the Medicaid DSS.
- Hospital cost reports (for eligible hospitals).
- Direct communications with eligible professionals and eligible hospitals.
- FQHC/RHC reported data, including information from the FQHC Uniform Data System reports which are independently reviewed by John Snow, Inc., prior to final submission to the federal Health Resources and Services Administration.
- Information requested from the Indian Health Service's national data repository; and,
- Information supplied by DentaQuest, private contractor hired to administer Idaho's dental program (Idaho Smiles).

## C.6(b) Verification of Adoption, Implementation, or Upgrade

*6(b). How will the SMA verify adopt, implement or upgrade of certified electronic health record technology by providers?*

Idaho Medicaid will verify adoption, implementation, or upgrade of EHR technology by reviewing and verifying that the documentation submitted by eligible professionals and eligible hospitals during the attestation process for the period being claimed for payment is valid. Under the Final Rule for the Electronic Health Record Incentive Program (hereinafter "Final Rule") CMS defines adoption, implementation, or upgrade as acquiring or upgrading a system, which requires proof such as a purchase or lease or some other financial agreement. Implementation is defined by the Final Rule as having installed or commenced utilization of certified EHR technology. Training, according to the Final Rule, is an implementation activity.

For verification of adoption, upgrade, or implementation, Idaho Medicaid shall receive proof of the number of licenses purchased or leased for the EHR system as well as a binding document (e.g., a contract) or proof of financial investment in an EHR system (e.g., a receipt), such as the following:

- Signed contract or lease with an EHR vendor
- Contract for subscription with a service vendor
- Invoice or purchase order from an EHR vendor
- Payment receipt for an EHR system
- Data use agreement contract

Other reasonable substantiating documents may be deemed acceptable by Idaho Medicaid.

## C.7(a) "Practices Predominantly" Requirement

*7(a). How will the SMA verify that EPs at FQHC/RHCs meet the practices predominately requirement?*

## Background

Idaho Medicaid has consulted the August 2011 CMS "Medicaid EHR Incentive Program Eligibility: Patient Volume & Practices Predominantly" publication to design an adequate approach to the "practices predominantly" requirement, as well as the patient volume approach in Section C.5. The CMS has recognized the lack of verifiable data sources from which states can directly verify compliance with this requirement, and Idaho places into the category of states that track FQHC and RHC claims at an organizational level but not at the individual provider level. Without an All Payer Database, Idaho also does not have a data source for all patient encounters with which to compare Medicaid encounters. Therefore, Idaho Medicaid EHR Incentive Program's selected approach will focus on auditable information available from clinics to be compared with provider self-attested data.

Per program guidance from CMS[7], Tribal Health Clinics may qualify for incentive payments under the same standards established for FQHCs. The Idaho Medicaid EHR Incentive Program will leverage the approach described below to establish eligibility related to Tribal Health Clinic professionals that attest to the "practices predominantly" requirement.

## Definition and Verification Approach

The "practices predominantly" requirement is a combination of two standards:

1) At least 30% of their patient encounters during any continuous 90-day period in the most recent calendar year or rolling 12-month period were serving "needy individuals" or the same is attested to by the facility as a proxy.
2) More than 50% of an eligible professional's encounters over a six-month period in the most recent calendar year or rolling 12-month period occurred at an FQHC or RHC.

Idaho Medicaid anticipates that many FQHCs, RHCs, and Tribal Health Clinics will apply for proxy "needy individuals" attestations from their affiliated facility to maximize potential payment. For potentially eligible professionals serving in these facilities that elect not to use proxy attestations, the Idaho Medicaid EHR Incentive Program staff will work with the individual provider to confirm that 30% of encounters in a 90-day period were "needy individuals".

Eligible professionals practicing at FQHCs or RHCs must attest to the "practices predominately" and Physician Assistant-Led requirements during the state registration and attestation process.
If selected for audit, the FQHC, RHC, or Tribal facility at which the provider serves will be requested to complete information relating to the "practices predominately" requirement, as well as the facility being led by a Physician Assistant. The form will be submitted directly to the Idaho Medicaid EHR Incentive Program.

[7] https://questions.cms.hhs.gov/app/answers/detail/a_id/10417/~/%5Behr-incentive-program%5D-can-tribal-clinics-be-treated-as-fqhcs-for-the-medicaid

The proposed form provided below requests information from an FQHC, RHC, or Tribal Clinic to be used in auditing whether a provider practices predominantly at a facility and whether the facility is led by a Physician Assistant. The form is a draft, and may be refined based on continuing consultation with the FQHCs and RHCs to determine that the requested information is available to clinics so as to minimize provider/clinic burden while establishing an auditing approach to prevent fraud and abuse.

Exhibit B-1: Proposed Practices Predominantly and Physician Assistant-led Audit Information Collection Form

**Practices Predominantly and Physician Assistant-led**
**Audit Information Collection Form**

*The purpose of this form is to collect information from an FQHC, RHC, or Tribal Health Clinic to audit whether a provider practices predominantly at such a facility, and whether the facility is considered to be led by a Physician Assistant.*

*Information provided in response to Standards A, B, and C must be supported by an auditable source, and such information must be maintained for no less than six (6) years for use in audits. Presenting incorrect or falsified information on this form is considered potential fraud of the Idaho Medicaid EHR Incentive Payment*.

Name of Provider applying for incentive payment: _____
Applying Provider Address: _____
Applying Provider NPI: _____

Clinic Name: _____
Clinic Address: _____
Clinic NPI: _____

Facility Type: ☐ FQHC ☐ RHC ☐ Tribal Health Clinic

----------STANDARD A----------

**Was the applying provider affiliated with your clinic for 6 months or more in the most recent past calendar year?** *(note: this is not required to be a continuous time span)*

☐ **No** If No, the provider is not eligible as practicing predominantly at an FQHC, RHC, or Tribal Health Clinic

☐ **Yes** If Yes, the clinic must attach documentation to this form to demonstrate that the applying provider has satisfied the 6 month requirement. Acceptable documentation may include:

(1) Contract between provider and clinic/organization highlighting the duration of the contract period.
(2) Pay stubs or tax forms with date spans of at least 6 months; or
(3) Provider timesheets for a span of at least 6 months.

*Alternate information to confirm this standard may be accepted at the discretion of the EHR Program Manager if the above documentation options are not available.*

----------STANDARD B----------

**During the 6 month period, was the applying provider working full-time or exclusively at the clinic/organization completing this form?**

☐ **Full-Time** Select this box if the provider worked, on average, at least 36 hours per week at the clinic/organization during the 6 month period. If the information provided in response to Standard A can confirm this arrangement, please highlight the information.

☐ **Exclusively** Select this box if, to the knowledge of the clinic/organization, the applying provider was not compensated for seeing patients in any other healthcare setting during the 6 month period.

☐ **Neither** If neither, the clinic/organization must provide the total number of patient encounters for the applying provider within the 6 month period.

Total # of Patient Encounters: _____

----------STANDARD C----------

**Is the applying provider a Physician Assistant (PA)?**

☐ No If No, skip the remainder of this section.

☐ Yes If Yes, in order for the applying PA to be eligible for the EHR Incentive Program the clinic must be considered "PA-led", as demonstrated by the following information.

Select one or more of the following options that describes the relationship between the leading PA and the clinic during the most recent past calendar year, and attach documentation of this relationship to this form:

☐ The clinic completing this form is an RHC, and is owned by a PA.

☐ A PA is the sole or primary provider in the clinic (for example, there is a part-time physician, but the PA is full-time).
Please describe: _____

☐ A PA is considered to be the clinical or medical director of the clinic site.
Please describe: _____

If the leading PA is not the applying provider, complete the following:

Leading PA Name: _____
Leading PA NPI: _____
Leading PA's Job Title: _____
PA-led Clinic Address:_____

Idaho Medicaid's auditor will prepare and provide information for use in projections and post-payment reviews of applications, using the limited FQHC data available from the MMIS and relevant information requested directly from the facility or organization.

## C.7(b) Meaningful Use in Second Participation Year

*7(b). How will the SMA verify meaningful use of certified electronic health record technology for providers' second participation years?*

Idaho Medicaid is continually processing and verifying adoption, implementation, and upgrade attestations from eligible professionals and eligible hospitals. Idaho Medicaid is currently processing MU attestations by receiving and verifying MU documentation from providers (e.g., clinical data in flat files).

Providers in Idaho will submit screenshots of menu measures, core measures and CQM data to Idaho Medicaid EHR Incentive Program to demonstrate MU. Providers also have the option of sending in de-identified reports from their certified EHR software for each measure domain to support their attestation.

Idaho Medicaid implemented the new CMS 2014 CEHRT Flexibility Final Rule on October 1, 2014. The rule grants flexibility to providers to meet MU in 2014 with EHRS certified to the 2011 or the 2014 edition criteria. Providers in Idaho are required to report using 2014 edition CEHRT for an EHR reporting period beginning in 2015 and Idaho will extend stage 2 through 2016. The provider can also use a combination of editions, 2011 or 2014 for any reporting period in 2014. EPs and EHs attesting to Idaho EHR in 2014 need to use 90 days clinical quality measures (CQMs) which cannot overlap or be from separate calendar years. The CQM's cannot be separated from MU objectives and measures, but providers can use the updated electronic specification of the CQMs.

## C.8 Proposed Changes to Meaningful Use Definition

*8. Will the SMA be proposing any changes to the MU definition as permissible per rule-making? If so, please provide details on the expected benefit to the Medicaid population as well as how the SMA assessed the issue of additional provider reporting and financial burden.*

Idaho Medicaid does not plan to propose state-specific changes to the meaningful use definition based on Stage 1 MU criteria, as permissible per rule making.

Any subsequent decision to modify the meaningful use definition will be included in a future SMHP annual update.

## C.9 Verification of Use of Certified EHR Technology

*9. How will the SMA verify providers' use of certified electronic health record technology?*

Eligible professionals and eligible hospitals will be required to submit their CMS EHR Certification Identification to Idaho Medicaid when attesting to MU of certified EHR technology. As such, Idaho Medicaid EHR Incentive Program staff will manually validate eligible professionals and eligible hospitals EHR products against the Certified HIT Product List maintained by the Office of the National Coordinator for Health Information Technology, which is available at http://onc-chpl.force.com/ehrcert.

## C.10 Collection of Meaningful Use Data

*10. How will the SMA collect providers' meaningful use data, including the reporting of clinical quality measures? Does the State envision different approaches for the short-term and a different approach for the longer-term?*

Idaho Medicaid is continually processing and verifying adoption, implementation, and upgrade applications and attestations from eligible professionals and eligible hospitals since July 2, 2012. Idaho Medicaid is collecting MU data by having providers in Idaho submit screenshots of menu measures, core measures and CQM data to Idaho Medicaid EHR Incentive Program to demonstrate MU. Providers also have the option of sending in de-identified reports from their certified EHR software for each measure domain to support their attestation. The can upload their data by using the IIMS.

Idaho Medicaid is aware that the current SMHP does not have a detailed plan for program Year 3 when MU data will be submitted electronically. The expectation is that after Idaho implements Year 2 with MU attestation, focus will shift to designing an approach to Year 3. At that time consideration will be given to options for collecting that data from providers, including utilization of the IHDE as described in Section A.7, but also of utilizing the MMIS to support program Year 3 needs.

Idaho Medicaid intends to address this SMHP question in a future SMHP annual update at which time business processes will be modified as needed to support collection and verification of MU in providers' second and third participation years of the program.

Idaho Medicaid is accepting MU attestation information from CMS for all Hospital attestations. The EP attestation continues being met by providers sending in de-identified reports from their certified EHR software. Providers send in their de-identified reports for each CQM, core and menu measure to support their attestation. The provider can upload their data directly into the IIMS.

## C.11 Collection of Clinical Quality Measures Data

*11. * How will this data collection and analysis process align with the collection of other clinical quality measures data, such as CHIPRA?*

As part of the Children's Health Improvement Collaborative Project, Idaho is looking to implement a Medical Home model. With implementation of a Medical Home model, select practices will be able to use EHRs to communicate with providers and back to the Children's Health Improvement Project via the Medical Home. The target population for the Children's Health Improvement Project is Medicaid individuals with special health needs. The Medical Home concept can especially help individuals with special needs through coordinated care and services. Using this model, the patient and providers involved in the patient's care can access coordinated and integrated information about the patient. In addition, Medical Home Coordinators will be imbedded at practices to assist with care coordination and to provide education and mentorship to families. Practices applying for the Medical Home demonstration will need to have an existing EHR or be adopting an EHR.

The data collected through the Medical Home system can be collected as part of the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant's clinical quality measures and analyzed by Idaho Medicaid EHR Incentive Program staff for alignment with clinical quality measures gathered through the Idaho Medicaid EHR Incentive Program. This project will run until February 2015. More information about the CHIPRA Medical Home Model can be found in Section A.15.

The IDHW is also establishing improvement partnerships to track and identify trends at the provider practice level for improving clinical outcomes. The partnerships will help practices with systematically collecting data and reporting through registries. As part of this effort, providers will not be required to have an EHR, but practices participating in the Idaho Medicaid EHR Incentive Program will be in a better position to participate in the improvement partnerships program.

In addition, the statewide Immunization Reminder Information System captures and reports on vaccination data gathered in Idaho. The Immunization Reminder Information System is a vaccine registry and inventory management system with reporting capabilities. Currently, the IHDE does not exchange data with the Immunization Reminder Information System, but data captured in Idaho's statewide health information exchange can be exported for alignment with Immunization Reminder Information System data. There are plans for the Immunization Reminder Information System and the IHDE to exchange data. As part of the CHIPRA Quality Demonstration Grant, the Immunization Reminder Information System will integrate with the IHDE for capturing and reporting on clinical quality measures. More information about interfacing between the IHDE and the Immunization Reminder Information System can be found in Section B.2.

## C.12 IT, Fiscal, and Communication Systems

*12. What IT, fiscal and communication systems will be used to implement the EHR Incentive Program?*

### Idaho Incentive Management System (IIMS)

The IIMS is the core management system for operating Idaho Medicaid's EHR Incentive Program. This is a leveraged system from the state of Kentucky that was modified for Idaho Medicaid and put into production on July 2, 2012. The IIMS is hosted and maintained in Idaho and includes a public-facing provider and hospital interface. The IIMS interface enables direct data entry of application and attestation information by eligible providers and eligible hospitals. The system enables Idaho Medicaid EHR Incentive Program staff to process program applications through a combination of enhanced automated business functions and limited manual procedures that are documented.

The Idaho Medicaid EHR Incentive Management System is upgraded as appropriate to support ongoing attestation and verification requirements of sequential program years.

The process for entering application and attestation information through the Idaho Medicaid EHR Provider Attestation Portal is outlined in Appendix III.

Once the electronic attestation is submitted by a qualifying provider and appropriate documentation provided, Idaho Medicaid EHR Incentive Program staff will conduct a review which will include checking provider exclusion lists, verifying supporting documentation, and cross-checking for potential duplication payment requests.

The attestation itself will be electronic and will require the eligible professional and eligible hospital to attest to meeting all requirements defined in the federal regulations. Some documentation will have to be provided to support specific elements of attestation. All providers will be required to submit supporting documentation for patient volume claimed in the attestation. Specific guidance on requested documentation will be provided in the IIMS.

### Fiscal System for Incentive Payment Distribution

Idaho Medicaid considered two IT fiscal management system options to support the payment processing function of the Idaho Medicaid EHR Incentive Program: 1) the Idaho MMIS Financial Subsystem and 2) Microsoft Dynamics NAV, (hereinafter "Navision"). While both systems would enable Idaho Medicaid to leverage existing and proven financial management solutions, the Idaho MMIS would require limited system customizations. Customizing the MMIS just prior to such a significant effort would impact Idaho Medicaid resources and that of its fiscal agent. As such, Idaho Medicaid selected Navision to support payment processing and distribution for the Idaho Medicaid EHR Incentive Program. Navision, a third-party financial accounting application implemented in Idaho state government in 2001, continues to be supported today by Protean Technologies. Idaho Medicaid will leverage Navision by specifically employing the Accounts Payable module within Navision to support EHR incentive payment processing and distribution. The IDHW currently utilizes the Accounts Payable, Fixed Assets, and Budget Modules within the financial management software to support Idaho Medicaid and other Divisions within the IDHW.

This incentive payment processing method employs a combination of manual and system processes to pass provider incentive payments through Navision. Once EHR Incentive Program staff have verified eligibility and confirmed that a duplicate payment was not processed, a payment request form is sent to administration for internal approval. Upon approval, the payment form is scanned into Navision for payment processing by financial operations. The transaction is then combined with an electronic funds transfer/warrant and payment is issued by the State Controller's Office. Notice of payment is sent to the eligible professional and eligible hospital and the electronic funds transfer is posted to the state controller's website. Idaho Medicaid EHR Incentive Program staff will manually check Navision for payment information and will notify CMS of payment distribution using the D-18 form. This payment processing method does not require an electronic interface between Navision and the EHR incentive program system solution.

Idaho Medicaid acknowledges that payment must be issued within 45 days of being verified as eligible, and will consider that time frame to begin upon receipt of the D-16 response from CMS confirming that the provider has not received a duplicate payment.

As part of early outreach to providers, information was shared with providers on how incentive payments will be paid and the necessary steps required setting up payment in the state fiscal system called the Statewide Accounting and Reporting System, which is separate from the MMIS currently in place. Providers must enroll as a vendor in this fiscal system to receive an incentive payment.

As part of final eligibility verification, an Idaho Medicaid EHR Incentive Program representative will check to see if the provider currently exists as a vendor in the state vendor table. If not, the provider will be contacted via e-mail and/or phone with instructions on completing one of two forms:

- W-9 file from the IRS site at http://www.irs.gov/pub/irs-pdf/fw9.pdf
- "Combined Substitute W-9/Direct Deposit/Remittance Advice Authorization Form" *(Presented in Appendix VI)*

Once the completed form is received from the provider and the document is input into the system, it is expected to take one to three days until the vendor can be considered added to the vendor table.

## Outreach and Communication Systems

The primary communication method for obtaining EHR Incentive Program application and attestation information from eligible professionals and eligible hospitals is the Idaho Medicaid Provider Attestation Portal. The Idaho Medicaid Provider Attestation Portal is a component of the Idaho Medicaid EHR Incentive Management System and is described above at the beginning of Idaho's response to question C.12. Additionally, Idaho will rely on the Idaho Medicaid EHR Incentive Program website to communicate with eligible professionals and eligible hospitals throughout the duration of the program. More information about the website can be found in Section C.17.

While the overall communication strategy will be documented in a Provider Communication Plan, the following table represents the minimum points of contact the Idaho Medicaid EHR Incentive Program will have with providers through the application process.

Table C-2: Minimum Provider Contact Points

| Communication | Trigger | Purpose |
|---|---|---|
| Inform provider that state has received registration information from CMS and to use the CMS assigned registration number and their NPI (EPs) or CCN (EHs) to log into the Idaho Incentive Management System Provider Attestation Portal. A link to the Provider Attestation Portal will be provided. | Receipt of B-6: "NLR – States, Provider Registration Data" from CMS.<br><br>*Communication timeline:*<br>One day after a successful online registration at the CMS site. | Invites the provider to proceed with the next step to begin attestation with Idaho Medicaid EHR Incentive Program. |
| If needed, request clarification or additional information to support attestations. | Missing, incomplete, or unclear information provided on attestation.<br><br>*Communication timeline:*<br>During the state's final eligibility review process when submitted documents have been initially reviewed. | Provides an open line of communication with provider to speed path to payment. |
| If appropriate, inform provider that they have been found ineligible. | Applicant has been found to be ineligible based on program eligibility criteria.<br><br>*Communication timeline:*<br>Following review of completed attestation. | Inform provider of reason for denial and process for requesting an Administrative Review and Appeal. |
| If appropriate, inform provider that they are not eligible for a duplicate payment. | Applicant found to have already received payment.<br><br>*Communication timeline:*<br>After D-16 response from CMS is received indicating the provider has already received a payment in this year. | Informs provider that they have been found ineligible due to a previous payment. |
| Inform provider that they have been found eligible for an incentive payment. | Applicant found eligible through attestation process.<br><br>*Communication timeline:*<br>Program staff have reviewed all documentation, and the provider meets criteria. | Notify provider of eligibility status. |
| Inform provider that attestation is approved, the calculated payment, the payment process has been initiated and will take up to 45 days to receive payment. | Payment has been calculated<br><br>*Communication timeline:*<br>After D-16 response from CMS is received indicating the provider has not received a payment in this year. | Notify provider of payment status. If the provider is not signed up as a vendor in Navision, they will be instructed to sign up before the payment process can begin the 45 days to process. |

| Communication | Trigger | Purpose |
|---|---|---|
| Inform provider that payment is sent. | Payment has been sent from the state<br><br>*Communication timeline:*<br>Within five business days of payment approval within Navision system. | Alert provider that payment has been released. Completes the payment year for the provider. |
| If appropriate, inform provider that an overpayment has been determined, amount of overpayment and instructions on how to make payment. The communication also invites the provider to submit a request for a review. | Audit results determine inappropriate payment, or other recoupment reason.<br><br>*Communication timeline:*<br>Following receipt of findings from auditing unit. | Initiate the recovery of funds. The communication also invites the provider to submit a request for a review. |
| Inform provider they have been chosen for a desk audit. The communication should instruct the provider to prepare for information requests and the possibility of an on-site visit if findings warrant. | Provider identified as random or high-risk criteria audit.<br><br>*Communication timeline:*<br>Following receipt of findings from auditing unit. | Initiate provider involvement in program integrity audit process. |
| If an Administrative Review is requested by Provider, respond with Medicaid's Administrative Review. | Completion of Administrative Review process.<br><br>*Communication timeline:*<br>Following issuance of review decision by Medicaid Administrator or delegate. | Completes the administrative review process. The communication also informs the provider of his/her right to submit a request for a Contested Case Appeal. |
| If a Contested Case Appeal has been requested following an adverse ruling in an Administrative Review, respond with Preliminary Order finding from Hearing Officer. | Completion of Preliminary Order determination by Hearing Officer.<br><br>*Communication timeline:*<br>Following issuance of Preliminary Order determination by Hearing Officer. | Completes the first portion of the Contested Case process. The communication informs the provider of his/her right to request a review of the Preliminary Order determination by a designee of the Medicaid Director. |
| If a review of a Preliminary Order has been requested, respond with Final Decision and Order. | Completion of Preliminary Order review by designee of the Medicaid Director.<br><br>*Communication timeline:*<br>Following issuance of Final Decision and Order. | Completes the Contested Case Appeals process. The communication informs the provider of his/her right to file in District Court. |

## C.13 IT System Changes

*13. What IT systems changes are needed by the SMA to implement the EHR Incentive Program?*

No changes are anticipated for existing Idaho Medicaid IT systems. A stand-alone system has been adopted by Idaho Medicaid based on the system developed for Kentucky's EHR Incentive Payment program. The Idaho EHR Incentive Management System will need to be localized, meaning it will be tailored to meet Idaho's specific aesthetic and functional requirements needed to support the Idaho Medicaid EHR Incentive Program. The following Idaho Medicaid EHR Incentive Management System changes were made to implement the EHR Incentive Program:

- The system was reviewed and modified as needed to meet state IT standards.
- The system name was updated to the IIMS.
- The public-facing provider portal was named the Idaho Medicaid Provider Attestation Portal.
- The Idaho Medicaid EHR Incentive Program name and logo, and references to Idaho Medicaid, involved agencies, and the IDHW have been used in accordance with Idaho Medicaid communication standards.
- The system was reviewed in detail to ensure all system content presented on screens such as program text, Idaho agency and program contact information (i.e., agency names, address, and phone numbers) is updated to reflect the Idaho Medicaid EHR Incentive Program and Idaho Medicaid's communication standards.
- System generated document templates including, but not limited to, emails, letters, notices, and forms are being updated to reflect Idaho Medicaid's EHR Incentive Program and will follow Idaho Medicaid communication standards.
- Where existing business processes are leveraged to support the Idaho Medicaid EHR Incentive Program, when necessary, the Idaho Medicaid EHR Incentive Management System has been modified to support the process.
- All system-generated documentation used to support business functions of the Idaho Medicaid EHR Incentive Program (e.g., audit, payment recoupment, appeals, reporting) are being tailored to the specific attributes of the business function.

More information about this system can be found in Section C.12.

## C.14 IT Systems Modifications Timeframe

*14. What is the SMA's IT timeframe for systems modifications?*

The timeframe for Idaho Medicaid EHR Incentive Management System modifications identified in Section C.13 was a six-month period.

The P-APD funding was used to build a system "proof of concept" to facilitate planning for system changes needed for an EHR Incentive Management System, and to finalize corresponding business processes.

The IT modification time period includes CMS file exchange and provider acceptance testing. The start date for system modifications is dependent on assumptions listed in Section C.27, including CMS' SMHP review comments and any specific guidance that may impact the Idaho Medicaid EHR Incentive Management System. The table below presents the registration, attestation, and payment implementation timeline for the Idaho Medicaid EHR Incentive Program and key milestone tasks. Specific IT system modifications are scheduled to occur during the task, 'Implement and localize Idaho Medicaid EHR Incentive Management System' as highlighted below. During the planning phase of this task, Idaho's IT team developed a detailed work plan to ensure the scope of activities associated with modifying the Idaho EHR Incentive Management System is clearly defined and conducted within the six-month period allotted for the task.

The following table is limited to IT-specific tasks and timeframes. For a detailed project timeline, refer to Appendix I.

Table C-3: IT Timeframes

| Task | Timeframe |
|---|---|
| Transfer, localize, and implement Idaho Medicaid EHR Incentive Management System (includes CMS file exchange and provider acceptance testing) | January 3, 2012 – June 29, 2012 |
| Contact CMS to schedule interface testing | March 1, 2012 |
| Complete connectivity arrangements, include secure point of entry forms | March 1, 2012 |
| Initiate data use agreements processing with CMS | March 1, 2012 |
| Initiate processing of secure access forms with CMS (for reporting system) | March 1, 2012 |
| Test interfaces (to support file exchange) from Idaho Medicaid EHR Incentive Management System to CMS Registration and Attestation System | March 15, 2012 – March 30, 2012 |
| Receive CMS Registration and Attestation System transactions (for testing activities) | March 22, 2012 – May 25, 2012 |
| Establish system and user documentation | April 9, 2012 – April 13, 2012 |
| Conduct provider file testing (user acceptance testing with provider applications) | May 14, 2012 – May 25, 2012 |
| Update existing Idaho Medicaid Business Continuity and Disaster Recovery Plan with Idaho Medicaid EHR Incentive Management System Plans | May 29, 2012 – June 1, 2012 |
| Program go-live date | July 2, 2012 |

## C.15 Interface with CMS National Level Repository Timeframe

*15. When does the SMA anticipate being ready to test an interface with the CMS National Level Repository (NLR)?*

The Idaho Medicaid EHR Incentive Program's current timeline identified April 16, 2012, as the date to contact CMS to initiate file exchange testing. This date is dependent on assumptions listed in Section C.27.

## C.16 Collection of Registration Data

*16. What is the SMA's plan for accepting the registration data for its Medicaid providers from the CMS NLR (e.g. mainframe to mainframe interface or another means)?*

According to the current information supplied by CMS, registration information for eligible professionals and eligible hospitals will be transmitted from CMS to Idaho Medicaid by electronic data transmission on a daily basis. Idaho Medicaid has determined that the file transmission will be supported by a direct electronic interface with the Idaho EHR Incentive Management System. Details associated with the registration data transfer was confirmed during the implementation and localization of the Idaho EHR Incentive Management System and subsequent testing of the file exchange function with CMS.

## C.17 Program Website

*17. What kind of website will the SMA host for Medicaid providers for enrollment, program information, etc?*

Idaho Medicaid currently employs a dedicated website that provides a wealth of information regarding the Idaho Medicaid EHR incentive program including eligibility requirements, important hyperlinks, and other information relevant to the program. The outreach effort is anchored by a website located at the following URL address: http://www.MedicaidEHR.dhw.idaho.gov

As noted in Section B.5, this web address is already in use and Idaho Medicaid will continue to inform potentially eligible professionals and eligible hospitals of the website by including the website address on outreach presentation materials that are presented to stakeholder groups (including, but not limited to, professional associations and provider groups) for subsequent distribution through respective communication channels. Idaho Medicaid will continue to work with the following professional associations and stakeholder groups to support the outreach effort:

- The Idaho Hospital Association
- The IHDE
- The Washington & Idaho REC
- The State HIT Coordinator
- The Idaho Primary Care Association
- The Northwest Portland Indian Health Board - Representing the Indian Health Clinics/Tribes
- The State Office of Rural Health and Primary Care
- The Idaho Physicians Network
- The Idaho Nurses Association
- The American Academy of Family Physicians, Idaho Chapter
- The Idaho State Dental Association
- Idaho Smiles
- Idaho Medical Associations
- The Idaho Medical Group Management Association
- The American Academy of Pediatrics, Idaho Chapter

Additionally, the address will be printed in program brochures, business cards, Medicaid's email correspondence footer information, remittance advance banner notices, and through verbal communication during standing teleconference meetings with provider groups.

Launch readiness assurance was extended to CMS, and state and federal approvals were secured to move into production. Idaho Medicaid published a production hyperlink to the Idaho Medicaid Provider Attestation Portal to enable access to Idaho Medicaid EHR Incentive Program attestation screens. Enrollment and program information will continue to be made available to eligible professionals and eligible hospitals throughout the duration of the Idaho Medicaid EHR Incentive Program through the website. Additionally, hyperlinks to other websites offering

program information such as http://www.cms.gov/ehrincentiveprograms/ and associated online resources will be maintained on the Idaho Medicaid EHR Incentive Program website.

## Provider Testing

As identified in the IT Timeframes Table C-3 in Section C.14, Idaho Medicaid conducted provider testing activities prior to launching the, and utilized providers to conduct this user acceptance testing. Several providers volunteered to walk through the application process prior to launch as a way of testing the system. This assisted Idaho Medicaid with testing real scenarios and data. It also allowed those providers to test their understanding of how the registration and attestation process worked, as well as eligibility rules. The registration and attestation process will be quicker for those providers as they will have already tested it; however, test data will not be saved in the system for use during the provider's official registration and attestation.

Program staff continued to identify interested volunteers and ensured that testing participants represented broad provider categories, including at least one of each of the following (asterisks indicate categories where volunteers had already been identified):

- Provider from each eligible professional type (i.e., Physician*, Pediatrician, Physician Assistant)
- Large hospital*
- Critical Access Hospital*
- Pediatrician*
- Dentist
- FQHC

Early testing with all provider types allowed Medicaid to test all assumptions on how data would be verified as well as how long it would take to process an application, ensuring that both the system and technical assistance staff were prepared.

## C.18 Anticipated MMIS Modifications

*18. Does the SMA anticipate modifications to the MMIS and if so, when does the SMA anticipate submitting an MMIS I-APD?*

The IDHW does not plan to modify the Idaho MMIS to support the initial implementation of registration, attestation, and payment portions of the Idaho Medicaid EHR Incentive Program. The Idaho Medicaid EHR Incentive Management System will not electronically interface with the MMIS during the first two program years.

More information about the role of the MMIS can be found in Section A.8.

## C.19 Addressing Incentive Program Questions

*19. What kinds of call centers/help desks and other means will be established to address EP and hospital questions regarding the incentive program?*

Idaho Medicaid will implement a support system that is appropriate and scaled to the anticipated volume of eligible professional and eligible hospital applicants to the Idaho Medicaid EHR Incentive Program. The approach to addressing inquiries will consist of two key components: 1) a help desk operated by Idaho Medicaid EHR Incentive Program staff and 2) the Idaho Medicaid EHR Incentive Program website, http://www.MedicaidEHR.dhw.idaho.gov.

As a low-volume state, Idaho Medicaid anticipates managing eligible professional and eligible hospital inquiries with existing Medicaid staff. Incoming phone and email inquiries will be directed to a dedicated support phone line or email address established specifically for the Idaho Medicaid EHR Incentive Program. Incoming calls to the dedicated line or email address will be routed to Idaho Medicaid EHR Incentive Program staff for management. During the program, providers will have the opportunity to contact a live person during business hours of 8 a.m. to 5 p.m. Mountain Time, Monday through Friday, except state holidays. Messages left on voice mail or email will receive responses no later than two business days. Written correspondence, other than e-mail, requesting information or action will be responded to within 10 calendar days. To minimize administrative burden, general program information and frequently asked questions will be published on the Idaho Medicaid EHR Incentive Program website on an ongoing basis. In the event Idaho Medicaid EHR Incentive program staff experience a high volume of common inquiries that appear to have a significant impact on eligible professionals and eligible hospitals, Idaho Medicaid may distribute key messages through mass email distribution and publish key program information on the Idaho Medicaid EHR Incentive Program website.

Contact information, methods, response time standards, and other technical assistance details are described in Section B.7.

## C.20 Provider Appeal Process

*20. What will the SMA establish as a provider appeal process relative to: a) the incentive payments, b) provider eligibility determinations, and c) demonstration of efforts to adopt, implement or upgrade and meaningful use certified EHR technology?*

The EHR Incentive Program appeal process will be consistent with Medicaid's Administrative Review and Appeal Process for providers who wish to challenge a decision or action. When Medicaid plans to take any action affecting an enrolled provider, the agency must send the provider a notice identifying the action the IDHW plans to take and informing the provider of their right to be heard if they disagree with that action. To this end, providers may appeal an incentive payment decision, provider eligibility determination, or demonstration of efforts to adopt, implement, or upgrade within 28 days of the date the Notice of Decision is mailed. The provider or designated representative may submit a Request for Administrative Review in writing to the program administrator. The Request for an Administrative Review must be signed by the licensed administrator of the facility or by the provider, must identify the challenged decision, and state specifically the grounds for its contention that the decision is erroneous. The provider's case should clearly relate to the requirements in the EHR Incentive Program federal and state regulations. Per Idaho Medicaid Policy, only those appeal requests that have not been filed timely or by an individual who does not have authority to file an appeal can be denied for consideration.

A flow chart of the administrative review process is provided in Appendix IV.5.

Administrative reviews are conducted by a designee of the Idaho Medicaid Deputy Administrator, based on the type of facility or provider requesting the review. Upon receipt of a Request for an Administrative Review, the Deputy Administrator will determine if the request is an administrative review or an inquiry. If it is determined to be an administrative review, the Administrative Assistant for the Deputy Administrator will contact the provider within 14 days of receipt of the request to schedule a review conference. The purpose of the review conference is to clarify and attempt to resolve the issues. If the IDHW determines that additional documentation is needed to resolve the issues, a second session of the conference may be scheduled. Idaho Medicaid will furnish a written decision to the facility or provider within 14 days of the conclusion of the last review conference.

The facility or provider may appeal the administrative review decision, which will then enter the Contested Case Appeal Process, to be considered by a hearing officer from a contracted law office with three Idaho locations and teleconference capabilities.

If either party (the provider or the IDHW) disagrees with the Hearing Officer's preliminary order decision, that party has 14 days from the date the preliminary order was mailed to file a request for review with the Idaho Medicaid's Administrative Procedures Section.

If neither party disagrees with the preliminary order by requesting a review within the 14 day time frame, the preliminary order automatically becomes a final order.

Ongoing steps include involvement of the Idaho Office of Attorney General, and eventually the provider may file in District Court. Additional details and policies regarding the Idaho Medicaid Appeals Process can be found in the IDAPA 16.05.03: http://adm.idaho.gov/adminrules/rules/idapa16/0503.pdf

Instructions to request an administrative review will be provided with all notices of adverse decisions relating to provider eligibility and qualification for incentive payments.

## C.21 Accounting for Federal Funding

*21. What will be the process to assure that all Federal funding, both for the 100 percent incentive payments, as well as the 90 percent HIT Administrative match, are accounted for separately for the HITECH provisions and not reported in a commingled manner with the enhanced MMIS FFP?*

As with other Idaho Medicaid programs and projects that currently receive Federal Funding Participation (FFP) from CMS, the IDHW will utilize existing controls and reporting processes to ensure Idaho Medicaid EHR Incentive Program monies are accounted for according to federal and state specifications as well as the approved budget per the Implementation-Advanced Planning Document (I-APD). Idaho Medicaid will leverage existing accounting systems to ensure program payments are not co-mingled and that no amounts higher than 100% of FFP will be claimed by the state for reimbursement of expenditures for state payments to Medicaid eligible professionals or eligible hospitals for the certified EHR Incentive Program. Authorized provider incentive payments will be processed for payment through the Idaho EHR Incentive Management System.

Expenditures requested on the CMS-37 form will be tracked by expenditure type and reported quarterly to CMS on the CMS-64 Report.

## C.22(a) Frequency for Making EHR Incentive Payments

*22(a). What is the SMA's anticipated frequency for making the EHR Incentive payments (e.g. monthly, semi-monthly, etc.)?*

Eligible professionals and eligible hospitals that have met federal and state requirements for participation in the Idaho Medicaid EHR Incentive Program will be eligible to receive a single annual incentive payment. Incentive payments shall be paid in accordance with Idaho's existing financial cycle, which will be within the CMS requirement that payment be completed within 45 days of submission of the D-16 form is returned to the state from CMS verifying that there have been no duplicative EHR incentive payments. For eligible hospitals, Idaho Medicaid's incentive payment schedule will be optimized to disburse the total incentive payment amount to each hospital as early in the hospital's participation as possible, while adhering to the restrictions on distribution set for in the American Recovery and Reinvestment Act. To this end, the total incentive payment for each hospital will be disbursed in annual lump sum payments over the course of the first three years of the hospital's participation in the Idaho Medicaid EHR Incentive Program, according to the following schedule:

- 50% of the total incentive amount in the first year of program participation
- 40% of the total incentive amount in the second year of program participation
- 10% of the total incentive amount in the third year of program participation

## C.22(b) Payments Made Directly to the Provider

*22(b). What will be the process to assure that Medicaid provider payments are paid directly to the provider (or an employer or facility to which the provider has assigned payments) without any deduction or rebate?*

The provider shall provide designated payee information and preferred payment method (paper or electronic funds transfer) during the Idaho Medicaid EHR Incentive Program application and attestation process. As stated in Section C.4, eligible hospitals or both the eligible professional and designated payee will receive communication by electronic mail that a payment has been issued. A notice will provide information about the incentive payment that has been made, including a description of any deductions or changes to the total amount. Idaho Medicaid has identified the following as a potential deduction to the EHR incentive payment:

- Recoupment of any active overpayments made by the Idaho Medicaid EHR Incentive Program.

At this time, Idaho Medicaid does not anticipate using EHR incentive payments to retain any debts to, or overpayments from, any other federal or non-state-of-Idaho program, with the following exceptions:

- Where it is authorized specifically by the Medicaid program (a civil monetary penalty, for example, or a Medicare debt).
- Where there is a court-ordered garnishment for a specific purpose.

## C.23 Assuring Payments Promote Adoption of Certified EHR Technology

*23. What will be the process to assure that Medicaid payments go to an entity promoting the adoption of certified EHR technology, as designated by the state and approved by the US DHHS Secretary, are made only if participation in such a payment arrangement is voluntary by the EP and that no more than 5 percent of such payments is retained for costs unrelated to EHR technology adoption?*

Idaho does not have a paid entity promoting the adoption of certified EHR technology. The Washington & Idaho REC supports selected healthcare providers with direct, individualized technical assistance in adoption and meaningful use of EHRs, however, this assistance is provided free of charge. Currently there is no option for non-eligible providers to purchase technical assistance services from the REC. More information about the technical assistance initiative can be found in Sections A.9 and B.5.

## C.24 Managed Care Methodology

*24. What will be the process to assure that there are fiscal arrangements with providers to disburse incentive payments through Medicaid managed care plans does not exceed 105 percent of the capitation rate per 42 CFR Part 438.6, as well as a methodology for verifying such information?*

At this time, Idaho is not considered a managed care state. If Idaho Medicaid adopts a managed care model in future years of the EHR Incentive Management Program, this section will be addressed in an SMHP annual update.

## C.25 Question Removed by CMS

*25. What will be the process to assure that all hospital calculations and EP payment incentives (including tracking EPs' 15% of the net average allowable costs of certified EHR technology) are made consistent with the Statute and regulation?*

Per "State Medicaid Directors Letter #11-002" dated April 8, 2011, this 15% net average requirement has been removed. The Idaho Medicaid EHR Incentive Program acknowledges here that this requirement is no longer valid.

## C.26 Role of Medicaid Contractors in Program Implementation

*26. What will be the role of existing SMA contractors in implementing the EHR Incentive Program – such as MMIS, PBM, fiscal agent, managed care contractors, etc.?*

The Idaho Medicaid EHR Incentive Program will utilize information provided by four existing contractors:

DentaQuest is a private contractor hired to administer Idaho's dental program, Idaho Smiles. The Idaho Medicaid EHR Incentive Program will consult with DentaQuest on an as-needed basis to confirm eligible professional application and attestation information (e.g., patient volume attestation information) pertaining to dental providers.

Idaho's MMIS - The Idaho Medicaid EHR Incentive Program will utilize information from the fiscal intermediary, Molina, in eligibility determinations and pre-payment verification. Post-payment audits are conducted using the data warehouse and DSS provided by Truven

Public Knowledge LLC has been involved in the development of the SMHP and I-APD and has completed their work.

Myers and Stauffer LLC will provide audit services for post payment MU for eligible professionals.

## C.27 EHR Incentive Program Assumptions and Dependencies

*27. States should explicitly describe what their assumptions are, and where the path and timing of their plans have dependencies based upon:*
*-The role of CMS (e.g. the development and support of the National Level Repository; provider outreach/help desk support)*
*-The status/availability of certified EHR technology*
*-The role, approved plans and status of the RECs*
*-The role, approved plans and status of the HIE cooperative agreements*
*-State-specific readiness factors*

Idaho Medicaid has the following assumptions and dependencies by area:

Role of CMS

- The SMHP and I-APDs will be approved in a timely manner (within 60 calendar days of submission).
- Timely reimbursement, or advance payment, from CMS in alignment with the payment schedule to providers.

Status/Availability of Certified EHR Technology

- Providers will see value in using certified EHRs.
- Costs for adoption of certified technology will not be prohibitive for providers.

Role of REC

- While the Washington & Idaho REC will continue to provide assistance to select healthcare providers as identified by their mission and standards, the population served by the REC will not all qualify for the Idaho Medicaid EHR Incentive Program.
- Likewise, not all potentially eligible professionals and eligible hospitals identified by the EHR Incentive Program will be eligible for the services of the REC.

HIE Cooperative Agreement

- The IHDE will provide connectivity assistance (both technical and monetary) to select providers.
- Connectivity costs will not be prohibitive for providers.

State-Specific Readiness Factors

- No modifications or enhancements will be made to the Idaho MMIS to support the EHR Incentive Program.
- Outreach will be effective in promoting the use of the optional Rendering Provider field in claims submission.

## Section D – Idaho's Audit Strategy

This section provides a description of the audit, controls, and oversight strategy for Idaho's Electronic Health Record (EHR) Incentive Payment Program.

The CMS State Medicaid Health Information Technology (HIT) Plan (SMHP) Template has identified a specific set of questions for each section of the SMHP. The questions for Section D are listed in the table below, and are also inserted in numerical order along with the Idaho Medicaid response.

| What will be the SMA's methods to be used to avoid making improper payments? (Timing, selection of which audit elements to examine pre or post-payment, use of proxy data, sampling, how the SMA will decide to focus audit efforts etc): |
|---|
| *1. Describe the methods the SMA will employ to identify suspected fraud and abuse, including noting if contractors will be used. Please identify what audit elements will be addressed through pre-payment controls or other methods and which audit elements will be addressed post-payment.* |
| *2. How will the SMA track the total dollar amount of overpayments identified by the State as a result of oversight activities conducted during the FFY?* |
| *3. Describe the actions the SMA will take when fraud and abuse is detected.* |
| *4. Is the SMA planning to leverage existing data sources to verify meaningful use (e.g. HIEs, pharmacy hubs, immunization registries, public health surveillance databases, etc.)? Please describe.* |
| *5. Will the state be using sampling as part of audit strategy? If yes, what sampling methodology will be performed?* (i.e. probe sampling; random sampling)* |
| *6. **What methods will the SMA use to reduce provider burden and maintain integrity and efficacy of oversight process (e.g. above examples about leveraging existing data sources, piggy-backing on existing audit mechanisms/activities, etc)?* |
| *7. Where are program integrity operations located within the State Medicaid Agency, and how will responsibility for EHR incentive payment oversight be allocated?* |
| **The sampling methodology part of this question may be deferred until the State has formulated a methodology based upon the size of their EHR incentive payment recipient universe.*<br>*** May be deferred* |

## D.1 Methods to Identify Suspected Fraud and Abuse

*1. Describe the methods the SMA will employ to identify suspected fraud and abuse, including noting if contractors will be used. Please identify what audit elements will be addressed through pre-payment controls or other methods and which audit elements will be addressed post-payment.*

For eligible professionals, Idaho Medicaid has evaluated audit service provision options and has determined auditing services will be contracted out to an audit services contractor. Idaho Medicaid will meet CMS' EHR Incentive Program audit requirements as well as existing audit guidelines as described in Idaho statute. Idaho Medicaid's EHR Incentive Program audit contractor will conduct desk and field audits as they identify eligible professionals that are flagged as a risk for fraud and abuse activities. When fraud or abuse is suspected by the program auditor contractor, or Medicaid, the Medicaid Program Integrity Unit will conduct an investigation to confirm evidence of the suspicion. If the Medicaid Program Integrity Unit is able to confirm the suspicion for fraud or abuse, the unit notifies the Medicaid Fraud Control Unit for further investigation and appropriate action. The Idaho Attorney General's Medicaid Fraud Control Unit investigates and prosecutes Medicaid fraud by health care providers and the abuse, neglect, and financial exploitation of patients in any facility that accepts Medicaid funds.

***The Idaho EHR Incentive Program's pre-payment quality review will include verification of:***

*Active National Provider Identifier and Taxpayer Identification Number**

*Provider Type**

*CMS Registration and Attestation System Status*

*Federal and state sanction list check**

*Idaho Outstanding Debt and Exclusion List**

*Death Registry**

*CMS Certification Number (hospital only)*

*Average Length of Stay (hospital only)*

*Verification of numerator against cost report (hospital only)*

**Idaho MMIS will be the source of this information for providers tracked by the MMIS.*

To avoid making improper incentive payments, the EHR Incentive Program Manager and designated staff will adhere to Medicaid-approved policies and procedures for confirming provider enrollment, registration with the National Level Repository, and attestation with Idaho Medicaid EHR Incentive Management System prior to authorizing a payment. An audit trail will be maintained containing the date and time of National Level Repository files sent and received. Pre-payment elements shall be included as part of the program's quality review and control process for ensuring accuracy of planned incentive payments prior to distribution.

Idaho Medicaid will make a decision on which entity will perform auditing activities so that a clear and detailed audit strategy plan can be developed. At a minimum, the audit plan will describe in detail how providers will be selected, what trigger factors will be monitored, and how the risk pool will be developed. Additionally, the plan will describe methods for how the auditor will perform audit services while minimizing disruption to a provider's business and avoid unnecessary delay to provider payments.

Per CMS guidelines, auditing activities were in place and operational no later than four months after Idaho Medicaid begins issuing incentive payments.

Effective October 1, 2012, for dually-eligible hospitals, Idaho Medicaid elects to have CMS conduct the MU audit and appeals for these hospitals based on the following conditions:

(1) Designate CMS to conduct all audits and appeals of dually-eligible hospitals' MU attestations.
(2) Be bound by the audit and appeal findings.
(3) Perform any necessary recoupments arising from the audits.
(4) Be liable for any fee for performance granted the state to pay eligible hospitals that, upon audit (and any subsequent appeal) are determined not to have been meaningful EHR users.

Results of any adverse CMS audits would be subject to the CMS administrative appeals process and not the state appeals process.

## D.2 Tracking Potential Overpayments

*2. How will the SMA track the total dollar amount of overpayments identified by the State as a result of oversight activities conducted during the FFY?*

Idaho Medicaid will access Navision, a third-party financial accounting application to monitor incentive payments for all participating professionals and hospitals. Idaho Medicaid will employ the Accounts Payable module within Navision to support processing of incentive payments to eligible providers and eligible hospitals.

An accounts-payable record will be created for each eligible professional and eligible hospital that receives an incentive payment and the existing recoupment payment function within Navision will be leveraged to track overpayments. Prior to the authorization and subsequent distribution of an incentive payment, the program will perform a cross-check against paid providers to verify the provider is eligible, the proposed payment amount is correct, and that it is not a duplicate payment. Additionally, at a minimum, a random sample check of incentive payments made to providers will be conducted on a quarterly basis, beginning the third month following the program launch date. If an overpayment has occurred, Idaho Medicaid will initiate the payment recoupment process by submitting a recoupment request to the IDHW's Central Revenue Unit who will perform all recoupment responsibilities until payment is received. The recoupment process is presented in the business process flow diagram in Appendix IV.4. In addition, the program will also monitor recoupments monthly to determine whether the overpayment has been recouped within the required timeframe. As federal law requires the IDHW to return overpayments to CMS within 365 days of identification, the IDHW will communicate with CMS using the CMS-64 Quarterly Expense Report.

### Payment Error Trigger Criteria

In an effort to prevent potential overpayments to eligible professionals and eligible hospitals, Idaho Medicaid has identified for monitoring purposes, the following payment error trigger factors. If one or more of these trigger factors are met, Idaho Medicaid will research and investigate to determine whether there is potential for, or proof of, occurrence of an incorrect incentive payment. The trigger factors could occur prior to or post incentive payment. Idaho Medicaid will follow appropriate processes and steps currently in place to manage the issue and will take action as deemed appropriate based on research or investigative findings. The trigger factors include, but are not limited to:

- Provider-reported total patient volume differs significantly from Idaho Medicaid's estimated total patient volume for that provider. Applies to Medicaid and Needy claims.
- Eligible professional or hospital required multiple attempts to accurately submit EHR Incentive Program application and attestation information to Idaho Medicaid for eligibility determination.
- Application for the EHR Incentive Program is the first time that an eligible professional or eligible hospital has ever had contact with Idaho Medicaid.
- Provider has a history of low claims volume as shown on routinely produced claims reports.

- Eligible professional or eligible hospital has been identified by Idaho's Program Integrity Unit or by the Medicaid Fraud and Abuse Control Unit during other Medicaid program audits.
- Provider is not hospital based but the percentage of encounters occurring at place of service codes 21 and/or 23 is between 89% and 90%.

## D.3 Addressing Fraud and Abuse

*3. Describe the actions the SMA will take when fraud and abuse is detected.*

When Idaho Medicaid detects fraud or abuse, the case will be referred in writing to the Attorney General's Medicaid Fraud Control Unit, who investigates and prosecutes Medicaid fraud by health care providers and the abuse, neglect, or financial exploitation of patients in any facility that accepts Medicaid funds.

A flow chart for the Program Integrity Unit Provider Audit Process is presented in Appendix IV.6.

Depending on the parties involved and the action taken in response to a confirmed fraud and abuse case, Idaho Medicaid may also notify the appropriate licensing boards, other state agencies, and appropriate units within Idaho Medicaid as deemed appropriate.

## D.4 Using Data Sources to Verify Meaningful Use

*4. Is the SMA planning to leverage existing data sources to verify meaningful use (e.g. HIEs, pharmacy hubs, immunization registries, public health surveillance databases, etc.)? Please describe.*

Idaho Medicaid continues to process and verify adoption, implementation, and upgrade attestations from eligible professionals and eligible hospitals. Idaho Medicaid has not yet confirmed the full scope of data sources to be leveraged for the purpose of receiving and verifying MU documentation from providers. Idaho Medicaid EHR Incentive Program is currently receiving flat files from providers.

At a minimum, Idaho Medicaid intends to leverage the following existing data sources to verify MU:

- The MMIS focusing mainly on the DSS
- The Idaho Immunization Reminder Information System
- The IHDE

The MMIS will be used to verify provider information and encounter data.

Medicaid encounter volume numerators could be checked against claims data stored within the MMIS Data Warehouse, as well as with the respective Dental and Mental Health contractors.

As more providers and hospitals join Idaho's statewide health information exchange, the program will be able to leverage MU data. The IDHW is considering the potential to use the IHDE and Immunization Reminder Information System to obtain key clinical information that is exchanged between providers of care and patient authorized entities.

## D.5 Sampling as Part of Audit Strategy

*5. Will the state be using sampling as part of audit strategy? If yes, what sampling methodology will be performed?* (i.e. probe sampling; random sampling)*

Idaho Medicaid has developed and will implement an audit plan that addresses detailed audit and reporting requirements published by CMS. The audit plan has been submitted and accepted by CMS.

Idaho Medicaid will use best practices to access a sample of the population for audit purposes. The total population of all eligible professionals and eligible hospitals that have completed the application and attestation process are eligible for audit consideration. If necessary, a field (onsite) audit will take place to alleviate any suspected pre-audit findings. Idaho Medicaid will employ best practice techniques to support quarterly and annual audits of the provider incentive program and perform audits on an as-needed basis. Any audit findings with suspected fraud will be introduced to the Medicaid Program Integrity Unit and/or the Attorney General's Medicaid Fraud Control Unit.

## D.6 Reducing Provider Burden

*6. **What methods will the SMA use to reduce provider burden and maintain integrity and efficacy of oversight process (e.g. above examples about leveraging existing data sources, piggy-backing on existing audit mechanisms/activities, etc)?*

Idaho Medicaid will reduce provider burden and enhance oversight processes by gathering information from the National Level Repository through manual and direct electronic interface. The electronic system interface between the National Level Repository and the Idaho Medicaid EHR Incentive Management System will facilitate auto population of eligible professional and eligible hospital data within the EHR Incentive Management System and Idaho Medicaid Provider Attestation Portal screens to reduce duplicative manual entry of information by eligible professionals and eligible hospitals. Any additional application and attestation information needed from eligible professionals and eligible hospitals will be submitted by providers on line, directly into the Idaho Medicaid Provider Attestation Portal. Idaho Medicaid will also rely on the Idaho's MMIS and MMIS Data Warehouse to verify information about eligible professionals and eligible hospitals that apply for the Idaho Medicaid EHR Incentive Program. During the attestation process, for ease of communication, providers will have a variety of communication channels available to them (e.g., email, phone, etc.) in the event that they have questions about the program or process. All attestation information will be stored within the program's Incentive Management System database to support oversight and audit needs.

Idaho Medicaid will also conduct a preliminary pre-payment verification check of application information received from the National Level Repository. Upon completion of the check, any discrepancy found between information received from the National Level Repository and Idaho Medicaid's records will be communicated to the applicant. Idaho Medicaid will request that the applicant return to the National Level Repository to review and make corrections to their registration information as appropriate. To this end, the preliminary pre-payment verification check will promote the integrity of Idaho's eligible professional and eligible hospital application and attestation process.

As experienced by other states, the hospital calculation function is critical to the incentive payment application process and has proven to be a complex exercise for states as well as eligible hospitals. To promote program integrity and payment accuracy, using the Hospital Calculation Worksheet in Appendix V, for eligible hospitals that intend to apply for the Medicaid incentive, Idaho Medicaid will pre-determine the incentive payment calculation for hospitals. Idaho Medicaid's financial specialists have worked with CMS to develop the Hospital Calculation Worksheet and Idaho Medicaid is prepared to use the worksheet to help eligible hospitals through this step in the incentive calculation process, beginning in early 2012, once the SMHP has been approved. This will serve as a safeguard quality check for Idaho Medicaid prior to payment distribution. The Idaho Medicaid EHR Incentive Program will pre-determine the incentive payment for dual-eligible hospitals that have registered at the CMS Registration and Attestation system. The number of calculations will be dependent upon availability of staff resources in Medicaid and on hospital interest. Hospitals will be selected based on their date of registration on the CMS registration site. Selection will be on a first in, first out basis. The pre-determined calculation for Idaho will use the Medicare cost report information, provided to Idaho via the accounting firm of Myers and Stauffer. The charity care portion of the calculation

will come from the hospital cost report or by having the hospital submit their charity care information.

Idaho Medicaid will send the hospital calculation worksheet to the hospital contact person with an introductory letter explaining Medicaid's willingness to work together to come to an agreement on the final calculation for the payment amounts.

## D.7 Role of Department Program Integrity Operations

*7. Where are program integrity operations located within the State Medicaid Agency, and how will responsibility for EHR incentive payment oversight be allocated?*

Responsibility for administration and oversight will reside with the Medicaid EHR Incentive Program Manager and designated staff. Program integrity operations reside within the Division of Medicaid, Program Integrity Unit. The Idaho Medicaid EHR Incentive Program Manager will consult the Program Integrity Unit, when the program suspects the occurrence of fraud and/or abuse related issues. The Program Integrity Unit will assess the issue presented by the program manager to determine whether there is reliable evidence that overpayments discovered during an audit are the product, in whole or in part, of fraud committed by the provider, hospital, or one or more of its staff or contractors. Reliable evidence is evidence that has been corroborated, that is based upon information from a person whose relationship with the suspected perpetrator is such that the person could reasonably be expected to have knowledge of the misconduct (such as an employee or ex-employee), or that is based on data analysis that reveals aberrant invoicing or faulty program practices that appear unjustifiable based upon normal business practices.

When a case review results in the finding of reliable evidence, the Program Integrity Unit will refer the case to the Attorney General's Medicaid Fraud Control Unit for further in-depth investigation and action.

## Section E – Idaho's HIT Roadmap

This section presents a graphical and narrative pathway clearly illustrating the state's strategy for moving from the "As-Is" health information technology (HIT) landscape described in Section A of this plan to the achievement of the "To-Be" HIT environment envisioned in Section B. This strategic roadmap is based on measurable, annual targets and benchmarks tied to HIT and health information exchange (HIE) program goals and objectives.

The CMS State Medicaid HIT Plan (SMHP) Template has identified a specific set of questions for each section of the SMHP. The questions for Section E are listed in the table below, and are also inserted in numerical order along with the Idaho Medicaid response.

| Please describe the SMA's HIT Roadmap: |
|---|
| *1. *Provide CMS with a graphical as well as narrative pathway that clearly shows where the SMA is starting from (As-Is) today, where it expects to be five years from now (To-Be), and how it plans to get there.* |
| *2. What are the SMA's expectations re provider EHR technology adoption over time? Annual benchmarks by provider type?* |
| *3. Describe the annual benchmarks for each of the SMA's goals that will serve as clearly measurable indicators of progress along this scenario.* |
| *4. Discuss annual benchmarks for audit and oversight activities.* |
| *CMS is looking for a strategic plan and the tactical steps that SMAs will be taking or will take successfully implement the EHR Incentive Program and its related HIT/E goals and objectives. We are specifically interested in those activities SMAs will be taking to make the incentive payments to its providers, and the steps they will use to monitor provider eligibility including meaningful use. We also are interested in the steps SMAs plan to take to support provider adoption of certified EHR technologies. We would like to see the SMA's plan for how to leverage existing infrastructure and/or build new infrastructure to foster HIE between Medicaid's trading partners within the State, with other States in the area where Medicaid clients also receive care, and with any Federal providers and/or partners.* |
| ** Where the State is deferring some of its longer-term planning and benchmark development for HIT/E in order to focus on the immediate implementation needs around the EHR Incentive Program, please clearly note which areas are still under development in the SMA's HIT Roadmap and will be deferred.* |

## E.1 HIT/HIE Pathway

*1. Provide CMS with a graphical as well as narrative pathway that clearly shows where the SMA is starting from (As-Is) today, where it expects to be five years from now (To-Be), and how it plans to get there.*

### Overview

The "As-Is" landscape and "To-Be" vision are detailed in Sections A and B of this plan, and include a discussion of the broad HIT and HIE environment within the state of Idaho. Idaho's HIT roadmap is intended to describe the journey of Idaho Medicaid in general, and the EHR Incentive Program specifically, in achieving the "To-Be" vision within five years. Actions and corresponding milestones to achieve this vision are detailed in the following sections.

### Where Idaho Medicaid is today

As this road map was written in early 2013, Idaho Medicaid is already making progress toward the "To-Be" vision. The activities include:

- Submitting this updated SMHP for review and approval by CMS.
- Continual customization of IIMS (Kentucky's state level repository) for future implementation of progressive MU stages.
- Submitting the Idaho Implementation-Advanced Planning Document (I-APD) to confirm funding for implementation and operation of the Idaho Medicaid EHR Incentive Program for Years 4 and 5.
- Working closely with the Washington & Idaho REC, the IHDE, and the State HIT Coordinator to support providers through the EHR Incentive Program stages.
- Working closely with the Idaho healthcare communities and their associations to support providers through the EHR Incentive Program stages.

### Where Idaho Medicaid Plans to be in Five Years

Five years from now Idaho Medicaid intends to have accomplished the following:

- Idaho Medicaid has in place a fully functioning EHR Incentive Program with the capacity to accept Stage 3 MU.
- Idaho Medicaid has created a strong support network for providers to assist in meeting MU.
- The Idaho Medicaid EHR Incentive Program has extended EHR Incentive Payments to 50 hospitals within Idaho and at least 1,000 non-hospital based Idaho Medicaid providers.
- Idaho Medicaid and the IHDE have clearly defined the role of the statewide health information exchange in the collection of MU data, such as clinical quality measures.
- Idaho Medicaid has explored interface needs between the Idaho MMIS and the statewide health information exchange, and will have implemented interfaces as appropriate.

As described in Section B, the primary objectives for the "To-Be" environment are to:

- Implement the Idaho Medicaid EHR Incentive Program.
- Coordinate assistance to providers in reaching all stages of MU.

- Leverage the statewide health information exchange.

These objectives support the overarching goal of the Idaho Medicaid EHR Incentive Program, which is to improve the quality and coordination of care by connecting providers to patient information at the point of service through meaningful use of EHRs.

## How Idaho Medicaid Plans to Achieve this Vision

Below is a table capturing the current "As-Is" HIT environment and the required tasks for progression to the "To-Be" vision and Planned IT Environment. The full detailed timeline for tasks can be found in the corresponding I-APD, Section VI: Proposed Activity Schedule.

Table E-1: "To-Be" Objective Critical Tasks

| **"To-Be" Objective: Implement the Idaho Medicaid EHR Incentive Program** | |
|---|---|
| **Current Status:** | Planning for EHR Incentive Program expansion of MU. |
| **Corresponding "To-Be" Achievement(s):** | Idaho Medicaid has in place a fully functioning EHR Incentive Program with the capacity to accept Stage 2 or later MU.<br>The Idaho Medicaid EHR Incentive Program has extended one or more EHR Incentive Payments to 50 hospitals within Idaho and at least 700 non-hospital based Idaho Medicaid providers. |
| **Critical Tasks to Achieve "To-Be" Vision:** | Transfer, localize, and implement the Idaho Medicaid EHR Incentive Management System for MU:<br>o Obtain CMS approval of updated SMHP and updated I-APD.<br>o Implement the Idaho Information Management System (IIMS) for MU.<br>o Conduct system testing.<br>o Conduct user acceptance testing with eligible professionals and eligible hospitals.<br>o Establish system and user documentation.<br>o Develop or modify appropriate IT policies and procedures to support the administration of the system.<br>o Ensure existing Idaho Medicaid Business Continuity and Disaster Recovery Plan will support the Idaho Medicaid EHR Incentive Management System plans.<br>Develop, implement, and maintain necessary interfaces to CMS Registration and Attestation System:<br>o Submit data use agreements to CMS.<br>o Establish connectivity arrangements with CMS (SPOE).<br>o Complete development of interfaces.<br>o Test interfaces between the Idaho Medicaid EHR Incentive Management System and CMS Registration and Attestation System.<br>Develop program documentation and processes:<br>o Establish Temporary Idaho Administrative Code Rules in response to approval of updated SMHP.<br>o Create internal Policy and Procedure Manual.<br>o Establish Idaho Medicaid EHR Incentive Program Provider Manual for MU.<br>o Establish Idaho Medicaid EHR Incentive Program Training Plan for MU.<br>o Establish Idaho Medicaid EHR Incentive Program Audit Services Plan for MU.<br>o Establish operational readiness checklist.<br>o Perform operational readiness test.<br>Engage providers through outreach and communications:<br>o Conduct program outreach activities detailed in the updated SMHP (webinars, conference calls, website updates).<br>o Update Idaho Medicaid EHR Incentive Program website with program communication. |

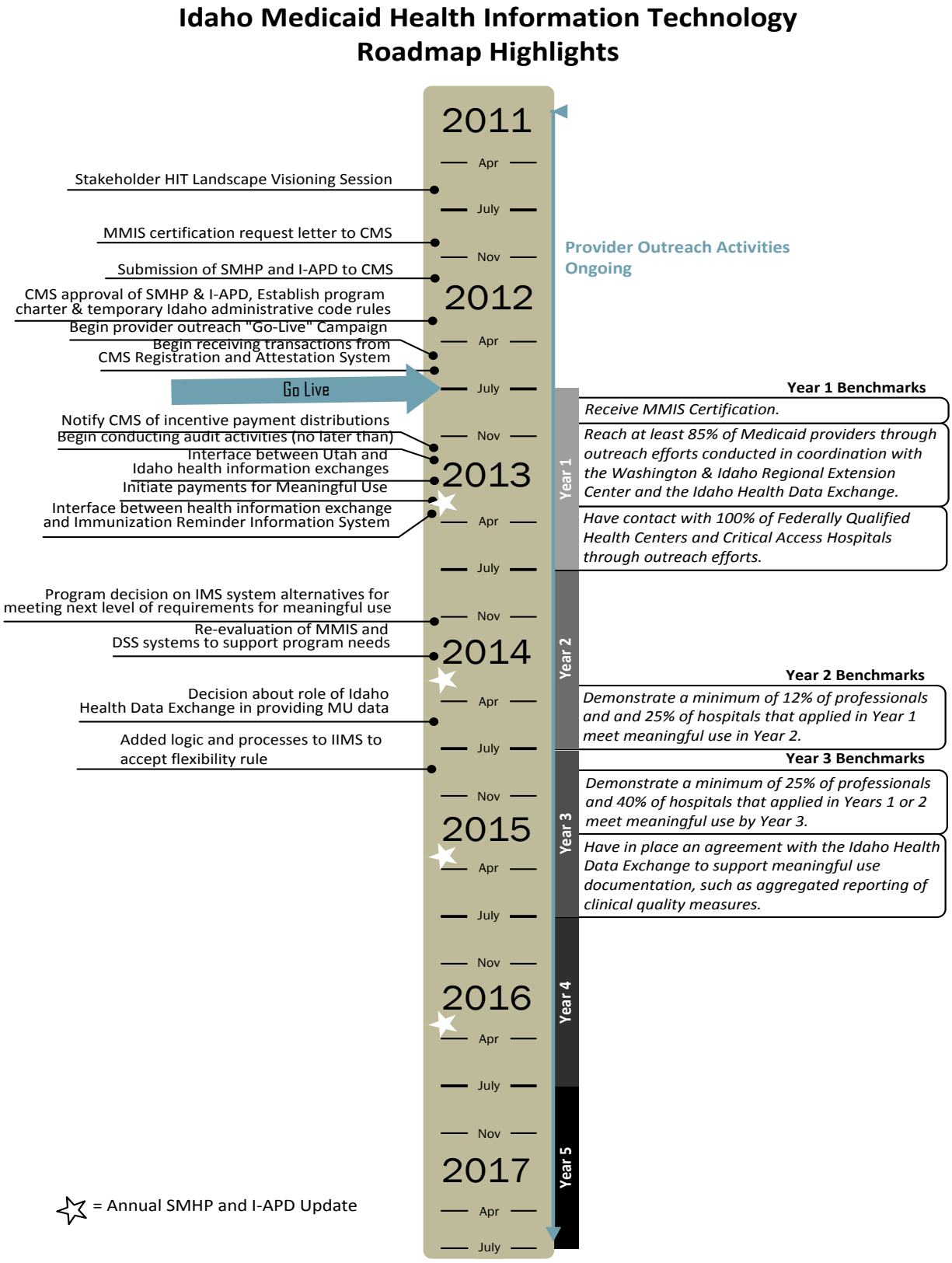
| | |
|---|---|
| | ○ Publish announcement of implementation for meaningful use date via key media channels to ensure all Medicaid Providers are aware of the implementation of the MU Stage 1.<br>Administer Idaho Medicaid EHR Incentive Program:<br>○ Launch – Begin accepting provider attestations for MU Stage 1.<br>○ Process eligible professional and eligible hospital incentive applications through payment.<br>○ Employ program audit services.<br>○ Notify CMS of incentive payment distributions.<br>○ Submit Form CMS-37.<br>○ Submit Form CMS-64.<br>○ Develop and submit SMHP and I-APD updates. |
| | |
| **"To-Be" Objective: Coordinate assistance to providers in reaching MU Stage 2** | |
| **Current Status:** | Conducting outreach for the EHR Incentive Program. |
| **Corresponding "To-Be" Achievement(s):** | Idaho Medicaid has created a strong support network for providers to assist in meeting MU Stage 2. |
| **Critical Tasks to Achieve "To-Be" Vision:** | Coordinate with the providers and stakeholder partners through outreach and communications to facilitate the adoption of HIT among Idaho professionals and hospitals:<br>○ Provide outreach and training on requirements for Year 2 of MU and reporting requirements.<br>○ Communicate with providers regarding methods for submitting clinical quality measures.<br>○ Work with the Washington & Idaho REC to provide technical assistance to providers for Year 2 of MU.<br>○ Develop incentive program reports based on data captured from EHR Incentive Management System and Navision.<br>○ Plan for Year 3 of MU.<br>○ Repeat steps for subsequent phases of MU. |
| | |
| **"To-Be" Objective: Leverage the statewide health information exchange** | |
| **Current Status:** | Collaborating with IHDE. |
| **Corresponding "To-Be" Achievement(s):** | Idaho Medicaid and the IHDE have clearly defined the role of the statewide health information exchange in the collection of meaningful use data, such as clinical quality measures.<br>Idaho Medicaid has explored interface needs between the Idaho MMIS and the statewide health information exchange, and will have implemented interfaces as appropriate. |
| **Critical Tasks to Achieve "To-Be" Vision:** | Identify IHDE's capacity to support electronic submission of meaningful use data:<br>○ Obtain reports on provider usage of exchange from the statewide health information exchange to document ability of provider to exchange information.<br>Establish data exchange capabilities as appropriate:<br>○ Develop uni-directional interface from Idaho's statewide health information exchange to the Immunization Reminder Information System.<br>○ Develop interface between Utah and Idaho's health information exchanges.<br>○ Determine program needs related to documentation of providers' submission of meaningful use data and IHDE's ability to provide that information.<br>○ Establish a formal agreement with IHDE to provide meaningful use data to Idaho Medicaid.<br>○ Establish interface between statewide health information exchange and MMIS DSS for MU reporting (if relevant).<br>○ Expand interface between statewide health information exchange and Immunization Reminder Information System to allow for bi-directional interfacing (pending approval).<br>Work with providers and the IHDE to identify data needs for program: |

| | |
|---|---|
| | ○ Continue to conduct stakeholder outreach in coordination with the IHDE. |
| | |

Tasks not identified in the above tables relate to unknown future capabilities of the Idaho MMIS and DSS. These include access to necessary clinical data, linking clinical data to Medicaid claims and encounter information, and applying decision support tools to make effective clinical and program decisions. These topics will be considered by Idaho Medicaid and reflected in a future update to this SMHP, if appropriate.

The visual timeline on the following page includes annual benchmarks and highlights described above.

Exhibit C-1: Roadmap Highlights



## E.2 Annual Benchmarks and EHR Adoption Expectations

*2. What are the SMA's expectations re provider EHR technology adoption over time? Annual benchmarks by provider type?*

As mentioned in Section B.1 of this document, Idaho Medicaid set a goal of 12% of eligible professionals and 25% of eligible hospitals enrollment in the first year of Idaho's program that met MU within the second year of the program. By the end of the third year of the program the Idaho Medicaid EHR Incentive Program aimed to have MU compliance with 25% of eligible professionals and 40% of eligible hospitals enrolled during the first two years of the program.

Idaho Medicaid anticipates increases in EHR adoption in subsequent years, among participants in the Idaho Medicaid EHR Incentive Program as well as the provider community at-large, due to increased broadband access, increased technology adoption by the healthcare community, and greater demand for IT innovations in the healthcare community. Still, Idaho Medicaid is cautiously optimistic about adoption of EHR technology over time based on challenges facing the provider community, described in Section B.1.

Further development of goals, objectives, and subsequent benchmarks will be informed by reporting, audits, and assessments conducted throughout the life of the program. The SMHP will be updated to reflect additional information gleaned through reporting throughout the life of the program's implementation.

## E.3 Annual Benchmarks for Idaho Medicaid's Goals

*3. Describe the annual benchmarks for each of the SMA's goals that will serve as clearly measurable indicators of progress along this scenario.*

Below is a table of annual benchmarks for the Idaho Medicaid EHR Incentive Program, based on the goals and objectives from Section B.1.

Table E-2: Annual Benchmarks

| Timeline | Benchmark | Corresponding Objective |
|---|---|---|
| Year 1 of Idaho Medicaid EHR Incentive Program | Reach at least 85% of Medicaid providers through outreach efforts conducted in coordination with the Washington & Idaho REC and the IHDE. | Coordinate assistance to providers in reaching MU |
| Year 1 of Idaho Medicaid EHR Incentive Program | Have contact with 100% of Federally Qualified Health Centers (FQHCs) and critical access hospitals through outreach efforts. | Coordinate assistance to providers in reaching MU |
| Year 1 of Idaho Medicaid EHR Incentive Program | Receive MMIS Certification. | Achieve CMS certification for Idaho's new MMIS |
| Year 2 of Idaho Medicaid EHR Incentive Program | Demonstrate a minimum of 12% of professionals and 25% of hospitals that applied in Year 1 meet MU in Year 2. | Implement the Idaho Medicaid EHR Incentive Program |
| Year 3 of Idaho Medicaid EHR Incentive Program | Demonstrate a minimum of 25% of professionals and 40% hospitals that applied in Years 1 or 2 meet MU by Year 3. | Implement the Idaho Medicaid EHR Incentive Program |
| Year 3 of Idaho Medicaid EHR Incentive Program | Have in place an agreement with the IHDE to support MU documentation, such as aggregated reporting of clinical quality measures. | Leverage the statewide health information exchange |

## E.4 Annual Benchmarks for Audit and Oversight Activities

*4. Discuss annual benchmarks for audit and oversight activities*

As described in Section D, the audit plan for the Idaho Medicaid EHR Incentive Program will be conducted by a third-party audit services contractor. As part of start-up tasks, a detailed audit services plan will be developed for the auditing procedures to ensure achievement of state and federal audit requirements for the program. As stated in Section D, auditing for AIU will be performed by Idaho Medicaid EHR Incentive program staff and contracted out to an audit services contractor for MU.

The auditor will be required to provide reports and information to Idaho Medicaid EHR Incentive Program staff to support pre-payment eligible professional verification checks and reports demonstrating the number of post-payment audits conducted by the auditor will provide the EHR Incentive Program staff the number of provider self-attestations that were verified and other measurements as a result of data mining and analysis for possible fraud or abuse. Idaho Medicaid will use best practices to access a sample of the population for audit purposes. If necessary, a field (onsite) audit will take place to alleviate any suspected pre-audit findings. Idaho Medicaid will employ best practice techniques to support quarterly and annual audits of the provider incentive program and perform them on an as-needed basis.

Audit results will be reported to the Idaho Medicaid EHR Incentive Program for appropriate action as needed. In program Year 2, audit procedures were revised to address achievement of MU criteria for subsequent stages and additional information gleaned through audits during the first two years of the program.

# Appendices

## Appendix I – Activity Schedule: Idaho Medicaid EHR Incentive Program Implementation Timeline

The following Prior (and) Proposed Activities Schedules present the schedule of tasks and activities required to achieve the objectives presented in the corresponding I-APD to achieve implementation of the Idaho Medicaid EHR Incentive Program.

Prior Activity Schedule (January 2012 – December 2014)

| Project Schedule | Estimated Start Date | Estimated Finish Date |
|---|---|---|
| **Program and Funding Approval Task** | | |
| Develop and submit annual SMHP and I-APD – Yr 1 | January 1, 2012 | March 1, 2012 |
| Develop and submit annual SMHP and I-APD Update – Yr 2 | February 27, 2013 | April 1, 2013 |
| CMS approval of updated SMHP and updated I-APD | April 1, 2013 | May 31, 2013 |
| Develop and submit annual SMHP and I-APD Update – Yr 3 | January 1, 2014 | April 15, 2014 |
| Develop and submit annual I-APD Update – Yr 4 | November 1, 2014 | January 1, 2015 |
| **Technical Task for Program Year 2** | | |
| Upgrade Idaho Medicaid EHR Incentive Management System to support MU requirements | January 3, 2013 | June 28, 2013 |
| User acceptance testing of MU module (test with Idaho Medicaid staff and eligible professionals) | March 1, 2013 | May 17, 2013 |
| Update business process to support meaningful use function | April 1, 2013 | April 5, 2013 |
| Update system and user documentation | April 8, 2013 | April 12, 2013 |
| **Program Planning Activities for Program Year 2** | | |
| Review and draft (as needed) Idaho Administrative Code Rules to support the Idaho Medicaid EHR Incentive Program as it supports the MU requirement | January 24, 2013 | February 25, 2013 |
| Launch campaign: conduct program outreach activities detailed in the SMHP in preparation for MU | April 2, 2013 | June 28, 2013 |
| Launch campaign: update Idaho Medicaid EHR Incentive Program website with program MU requirement communication | April 2, 2013 | June 28, 2013 |
| Support efforts of IHDE for statewide data exchange activities as related to MU | April 2, 2015 | Ongoing |
| Update Idaho Medicaid Incentive Program Provider Manual to reflect MU requirement | April 16, 2013 | April 23, 2013 |
| Update Idaho Medicaid EHR Incentive Program Training Plan to reflect MU requirement | April 23, 2013 | April 27, 2013 |
| Update Idaho Medicaid EHR Incentive Program Audit Services Plan to reflect MU requirement | April 23, 2013 | May 7, 2013 |

| Project Schedule | Estimated Start Date | Estimated Finish Date |
|---|---|---|
| Establish operational readiness checklist for launch of MU requirement | May 21, 2013 | May 28, 2013 |
| Perform operational readiness test of MU requirement | June 3, 2013 | June 7, 2013 |
| **Program Operations Task for Program Year 2** | | |
| Go live – Begin accepting provider attestations of MU requirement | July 1, 2013 | July 1, 2013 |
| Notify CMS of acceptance and processing of attestation applications for MU | July 1, 2013 | July 1, 2013 |
| Notify CMS of incentive payment distributions for MU attestations (no later than) | December 2, 2013 | December 2, 2013 |
| Submit Form CMS-37 (quarterly beginning in the quarter in which the I-APD is approved) | Every January, April, July, and October | Quarterly (ongoing) |
| Submit From CMS-64 (quarterly, end of each federal fiscal year quarter) | Every February, May, August, November | Quarterly (ongoing) |
| **Program Operations Task for Program Year 3** | | |
| User acceptance testing of stage 2, MU module (test with Idaho Medicaid staff and eligible professionals) | March 1, 2014 | May 31, 2014 |
| Go live with MU Stage 1 year 2– Begin accepting provider attestations of MU requirements | July 1, 2014 | July 1, 2014 |
| Notify CMS of acceptance and processing of attestation applications for MU | July 1, 2014 | July 1, 2014 |
| Notify CMS of incentive payment distributions for MU attestations (no later than) | December 1, 2014 | December 1, 2014 |
| Submit Form CMS-37 (quarterly beginning in the quarter in which the I-APD is approved) | Every January, April, July, and October | Quarterly (ongoing) |
| Submit From CMS-64 (quarterly, end of each federal fiscal year quarter) | Every February, May, August, November | Quarterly (ongoing) |

Proposed Activity Schedule (January 2015 – February 2016)

| Project Schedule | Estimated Start Date | Estimated Finish Date |
|---|---|---|
| **Program and Funding Approval Task** | | |
| CMS approval of I-APD Update – Yr 4 | January 1, 2015 | February 28, 2015 |
| Develop and submit annual SMHP Update – Yr 4 | January 1, 2015 | February 28, 2015 |
| CMS approval of SMHP Update – Yr 4 | March 1, 2015 | May 1, 2015 |
| Develop and submit annual SMHP and I-APD Update – Yr 5 | November 1, 2015 | January 1, 2016 |
| CMS approval of SMHP and I-APD Update – Yr 5 | January 1, 2016 | February 28, 2016 |

| Project Schedule | Estimated Start Date | Estimated Finish Date |
|---|---|---|
| **Program Planning Activities for Program Year 4** | | |
| Support efforts of IHDE for statewide data exchange activities as related to meaningful use | April 2, 2015 | Ongoing |
| **Program Operations Task for Program Year 4** | | |
| Submit Form CMS-37<br>(quarterly beginning in the quarter in which the I-APD is approved) | Every January, April, July, and October | Quarterly (ongoing) |
| Submit From CMS-64<br>(quarterly, end of each federal fiscal year quarter) | Every February, May, August, November | Quarterly (ongoing) |
| **Program Planning Activities for Program Year 5** | | |
| Support efforts of IHDE for statewide data exchange activities as related to meaningful use | April 2, 2016 | Ongoing |
| **Program Operations Task for Program Year 5** | | |
| Submit Form CMS-37<br>(quarterly beginning in the quarter in which the I-APD is approved) | Every January, April, July, and October | Quarterly (ongoing) |
| Submit From CMS-64<br>(quarterly, end of each federal fiscal year quarter) | Every February, May, August, November | Quarterly (ongoing) |

## Appendix II – Broadband Grants in Idaho

*The following information supplements the response to Question A.2.*

Idaho has received several broadband grants in recent years. The National Telecommunications and Information Administration awarded Idaho a variety of broadband-related grants in 2009 and 2010[8]:

Idaho Mapping and Planning Grant
Total Award: $4,450,000

> Awarded to EdLab/LinkAMERICA to complete a statewide broadband mapping and planning effort, known as LinkIDAHO. The LinkAMERICA Alliance works closely with Idaho's Office of the Chief Information Officer to perform all mapping and planning functions related to the grant. In addition to mapping existing broadband, the initiative is charged with developing a long-term, sustainable plan for increasing access to and use of broadband across the State. A second award was received to continue the project for a total of five years.

Last Mile Broadband for Underserved Portions of Cassia, Jerome, and Twin Falls Counties, Idaho
Total Award: $1,862,197 (Cassia), $984,134 (Jerome), $1,360,653 (Twin Falls)

> The Last Mile Broadband projects for underserved portions of Cassia, Jerome, and Twin Falls Counties plan to bring affordable wireless broadband service to rural, underserved communities in south-central Idaho. The projects intend to expand Digital Bridge Communications' existing network by adding a total of 16 towers, 64 miles of new fiber, and 12 microwave links. The project also proposes to offer speeds of up to 3 Mbps using both fixed and mobile wireless technology, as well as directly connect approximately 25 community anchor institutions at no charge in each county.

Central and North Idaho Regional Broadband Network Expansion
Total Award: $2,393,623

> First Step Internet proposes to build a regional network of 10 microwave towers to extend high-capacity Internet service in the rural counties of Latah, Idaho, Clearwater, Lewis, and Nez Perce in north-central Idaho. The project intends to directly connect 42 anchor institutions, including healthcare facilities, emergency response agencies, libraries, and government offices, as well as institutions serving the Nez Perce Tribe. The 550-mile network plans to offer speeds of 50 Mbps to 100 Mbps for anchor institutions and facilitate more affordable broadband Internet service for local consumers, including as many as 21,000 households and 700 businesses, by enabling local Internet service providers to connect to the project's open network. In addition, the Nez Perce Tribe has already made plans to use the new network to provide enhanced last-mile services.

[8] http://www2.ntia.doc.gov/idaho

Nez Perce Reservation Broadband Enhancement
Total Award: $1,569,109

The majority of the Nez Perce Tribe's members and anchor institutions are limited to dial-up or inadequate satellite Internet connections on the 1,200 square miles of reservation land, limiting opportunities to access the digital economy. The Nez Perce Reservation Broadband Enhancement project intends to build a wireless microwave network to provide high-speed, affordable broadband services across four northern Idaho counties: Clearwater, Idaho, Lewis, and Nez Perce. Another Broadband Technology and Opportunities Program grantee, One Economy, will utilize the Nez Perce Tribe middle and last mile network to extend its broadband adoption efforts into tribal communities. In addition, the project plans to expand sparse wireless coverage through partnerships with regional providers Inland Cellular and First Step Internet, also Broadband Technology and Opportunities Program grantees.

Delivering Opportunities: Investing in Rural Wyoming Broadband
Total Award: $5,063,623

Silver Star Telephone Company will use Broadband Technology and Opportunities Program funding to complete key portions of its broadband network. The Expanding Greater Yellowstone Area Broadband Opportunities project proposes to close an 89-mile gap in its existing Wyoming fiber network between the continental divide at Togwotee Pass and Jackson, bringing comprehensive broadband services to 11 counties in the western part of the state. The Delivering Opportunities: Investing in Rural Wyoming Broadband project proposes to close a 38-mile network gap in northwest Wyoming over the Teton Pass to southeast Idaho, bringing broadband to five additional counties.

United States Unified Community Anchor Network

The University Corporation for Advanced Internet Development has proposed a comprehensive 50-state network benefitting approximately 121,000 community anchors. This is part of a longstanding project to connect essential community anchor institutions across the country, and facilitate closer collaboration and long-term benefits for education, research, healthcare, public safety, and government services. The project proposes a large-scale, public-private partnership to interconnect more than 30 existing research and education networks, creating a dedicated 100-200 Gbps nationwide fiber backbone with 3.2 terabits per second (TBps) total capacity that would enable advanced networking features such as IPv6 and video multicasting. The project plans to connect community anchors across all disciplines into virtual communities with shared goals and objectives, including colleges, universities, libraries, major veterans and other health care facilities, and public safety entities, with additional benefits to tribes, vulnerable populations, and government entities. The planned (draft) 100 gigabit-per-second national network backbone will cross Idaho in two locations, both northern Idaho as well as the southwest portion of the state with an access point in Boise[9].

[9] http://www.usucan.org/about

Midvale Telephone Exchange, Incorporated
Total Award: $1,200,000

This US Department of Agriculture award[10] will allow Midvale Telephone Exchange to offer last-mile broadband service speeds of at least 20 Mbps in the rural town of Stanley using fiber-to-the-home technology. Approximately 513 people stand to benefit, as do roughly 31 businesses and 6 community institutions.

Potlatch Telephone Co.
Total Award: $2,000,000

In September, 2010 the Rural Utilities Services awarded this $2 million grant, with an additional $671,241 in applicant-provided match, to Potlatch Telephone Company. Potlatch Telephone Company is a subsidiary of TDS Telecom. The grant is intended to bring high-speed DSL broadband service to un-served establishments within its rural service territory in Idaho. Potlatch Telephone Company's project stands to benefit over 700 people, as well as ten businesses.

Coeur d'Alene Tribe Project
Total Award: $6,100,000

The Coeur d'Alene Tribe received Rural Utilities Services support, a $6.1M grant and $6.1M loan, to deploy a fiber-to-the-home broadband system to provide improved broadband services to anchor institutions, critical community facilities, and approximately 3,770 unserved and underserved households in the communities of Plummer, Worley, Tensed, and DeSmet. The project will include service to isolated farms and rural home sites on the Coeur d'Alene Indian Reservation in North Idaho[11].

Pend Oreille Valley Network, Inc.
Total Award: $834,164

In 2009 Pend Oreille Valley Network, Inc. received $834,164 in Rural Utilities Service funds[12] to provide wireless broadband services to Clark Fork, a community in the mountainous panhandle region of Idaho. A community center was to be established, where broadband Internet access is provided to local residents free of charge for two years. In addition, Pend Oreille Valley Network will offer education and training programs at the center.

Shoshone-Bannock Tribes
Total Award: $115,000

[10] http://linkidaho.org/lid/default.aspx?page=19
[11] http://linkidaho.org/lid/default.aspx?page=19
[12] http://www.rurdev.usda.gov/SupportDocuments/2009CommConnectAwards.pdf

A $115,000 planning grant[13] was awarded in September, 2010 to develop strategic plans to attract broadband investment and best use their broadband capability for sustainable economic development, and the Rural Business Opportunity Grants program which support regional planning activities to improve economic conditions in rural areas.

[13] http://www.raconline.org/news/news_details.php?news_id=14476

## Appendix III – Idaho Medicaid EHR Provider Attestation Portal Application Steps

*The following information supplements the response to Question C.12.*

Eligible professionals and eligible hospitals enter their application and attestation information through the Idaho Medicaid EHR Provider Attestation Portal by adhering to the following steps:

**Eligible Professional**

1. After successfully registering for the EHR Incentive Program with the CMS' Medicare & Medicaid EHR Incentive Program Registration and Attestation System (at **http://www.cms.gov/EHRIncentivePrograms/)**, the eligible professional is asked to enter their NPI and CMS-assigned Registration Identifier into the Idaho Medicaid EHR Provider Attestation Portal.
2. The eligible professional is then asked to view the information that will be displayed with the pre-populated data received from CMS' Medicare & Medicaid EHR Incentive Program Registration and Attestation System (if the provider entry does not match, an error message with instructions will be returned).
3. Eligible professionals will then enter two categories of data to complete the 'Eligibility Provider Details' screen including 1) patient volume characteristics and 2) EHR details. For MU they will need to provide documentation (reports) or screen shots of their core, menu, and clinical quality measures.
4. The eligible provider will be asked to attest to:

    - Assigning the incentive payment to a specific Tax Identification Number (only asked if applicable); eligible provider and Tax Identification Number to which the payment was assigned at the CMS Registration and Attestation System will be displayed.
    - Not working as a hospital based professional (this will be verified by Idaho Medicaid EHR Incentive Program staff through claims analysis).
    - Funding the acquisition, implementation, and maintenance of certified EHR technology, including supporting hardware and any interfaces necessary to meet MU without reimbursement from an eligible hospital or CAH; and using such certified EHR technology in the inpatient or emergency department of a hospital (instead of the hospital's CEHRT).
    - Not applying for an incentive payment from another state or Medicare.
    - Not applying for an incentive payment under another Idaho Medicaid ID.
    - Adopting, implementing or upgrading to certified EHR technology.

5. The eligible professional will be asked to electronically sign the attestation.
    - The eligible provider enters his/her initials and National Provider Identifier on the 'Attestation' screen (there is a place for an agent or staff member of the provider to so identify).
    - The person filling out the form should enter his or her name.

**Eligible Hospital**

1. After successfully registering for the EHR Incentive Program with the CMS' Medicare & Medicaid EHR Incentive Program Registration and Attestation System (at **http://www.cms.gov/EHRIncentivePrograms/)**, the eligible hospital will be asked to enter into the Idaho Medicaid EHR Incentive Management System:

   - Completed patient volume information.
   - Completed Hospital EHR Incentive Payment Worksheet.
   - EHR certification number of the Office of the National Coordinator - Authorized Testing and Certification Body (ONC-ATCB) which can be obtained from the http://onc-chpl.force.com/ehrcert (or numbers if obtained in modules).

2. The eligible hospital will be asked to attest to:

   - AIU of certified EHR technology or MU.
   - Not receiving a Medicaid incentive payment from another state.

3. The eligible hospital will be asked to electronically sign the attestation.

   - The provider enters his/her initials and National Provider Identifier on the Attestation Screen (there is a place for an agent or staff member of the provider to so identify).
   - The person filling out the form should enter his or her name.

# Appendix IV – Idaho Medicaid EHR Incentive Program Process Flows

## IV.0 - Idaho Medicaid EHR Incentive Program Process Flows Glossary

**Glossary**

**Idaho SMHP - Idaho Medicaid EHR Incentive Program Process Flows**

0.0 - Idaho SMHP Business Process Flows Legend

1.0EP - Eligible Professional - Preliminary Eligibility Verification Process

1.0EH - Eligible Hospital - Preliminary Eligibility Verification Process

2.0 - Eligible Professional/Eligible Hospital Final Eligibility Verification Process

2.1EP - Eligible Professional - Patient Volume Check

2.1EH - Eligible Hospital - Patient Volume Check

3.0 - Annual Provider Navision Provider Payment Process

4.0 - Incentive Payment Recoupment Process

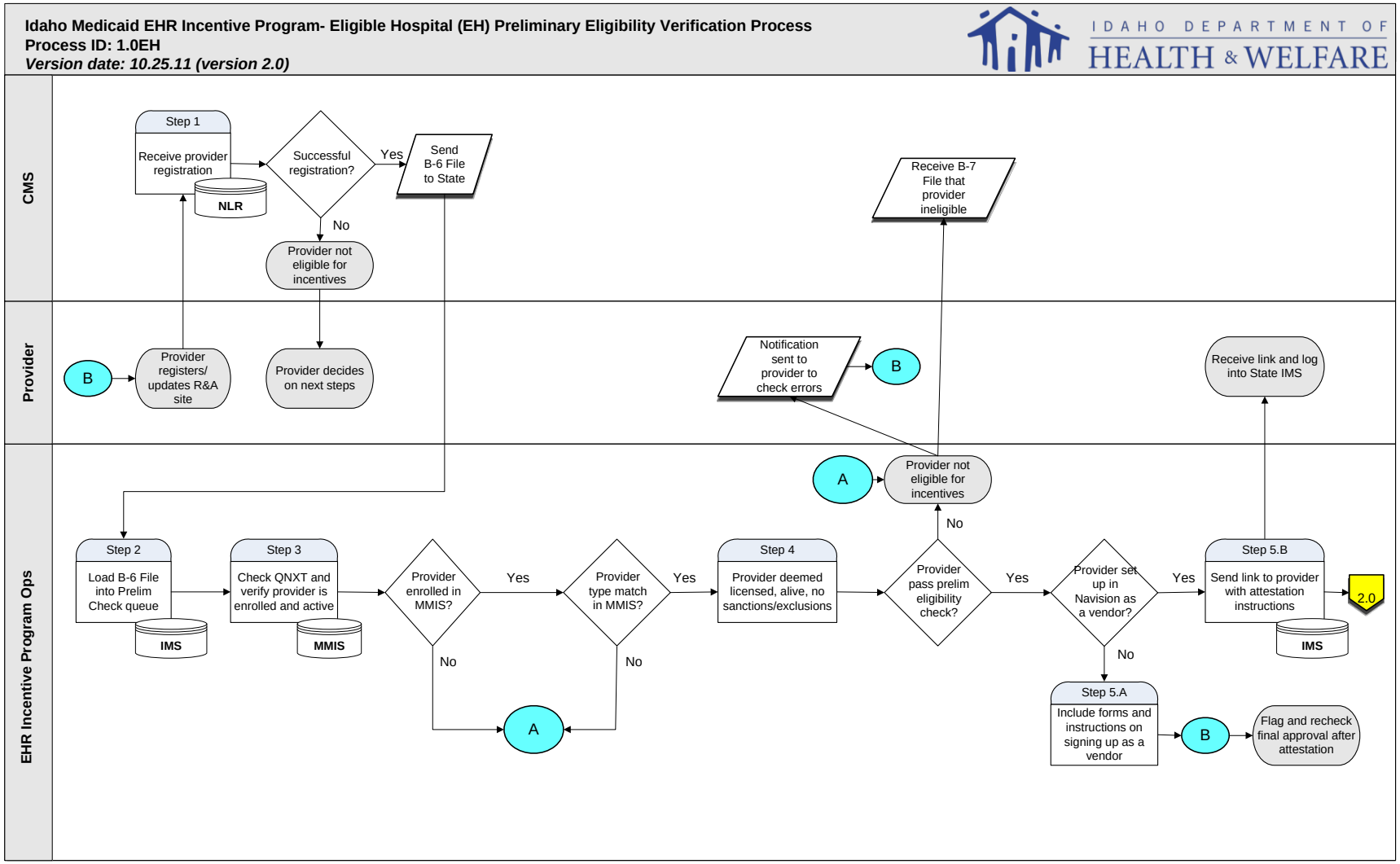
5.0 - Provider Appeals - Administrative Review Process

5.0 - Provider Appeals - Administrative Review Process SIMPLIFIED

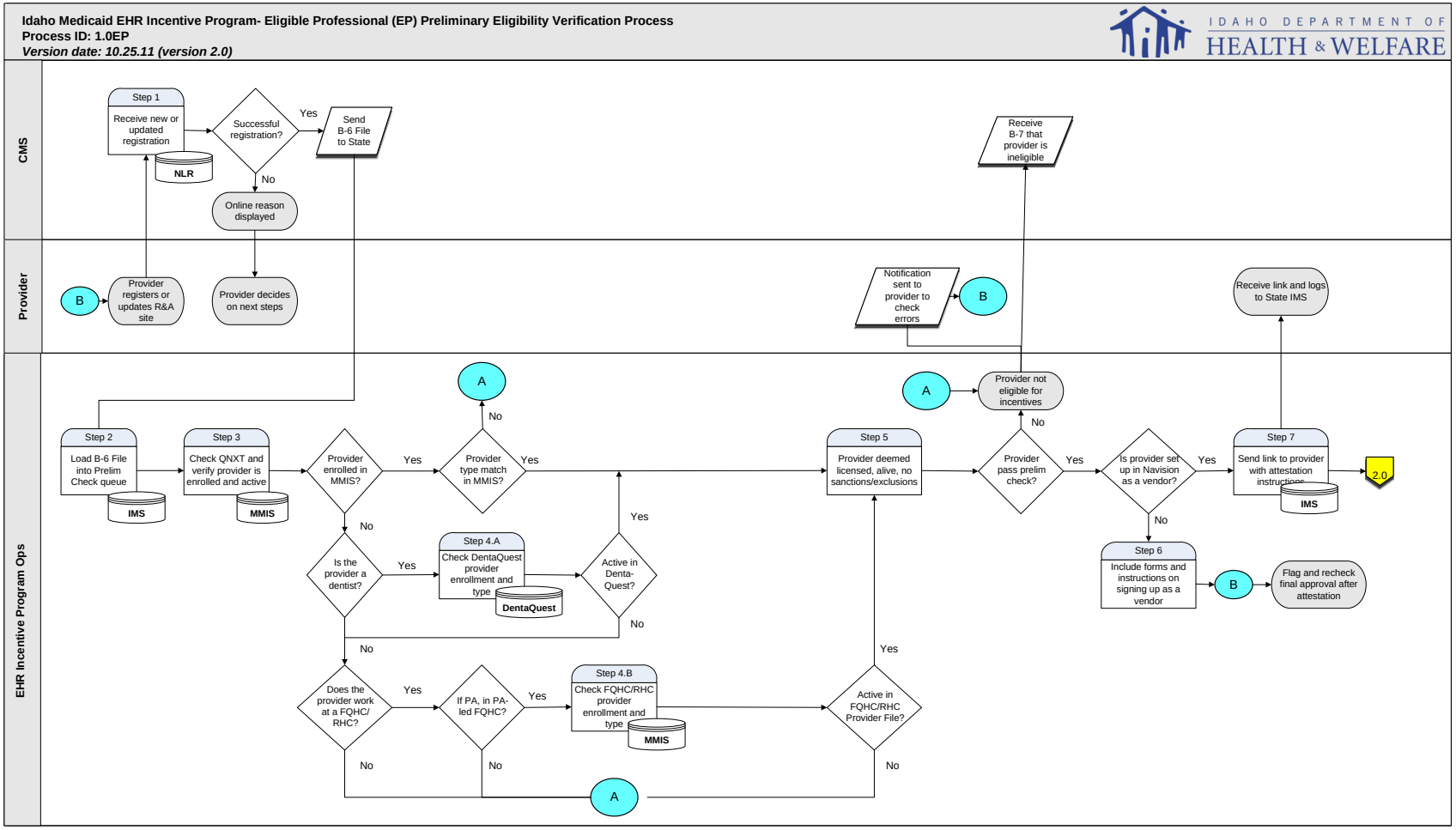
5.1 - Provider Appeals - Contested Case Process

6.0 - Program Integrity Unit Provider Audit Process

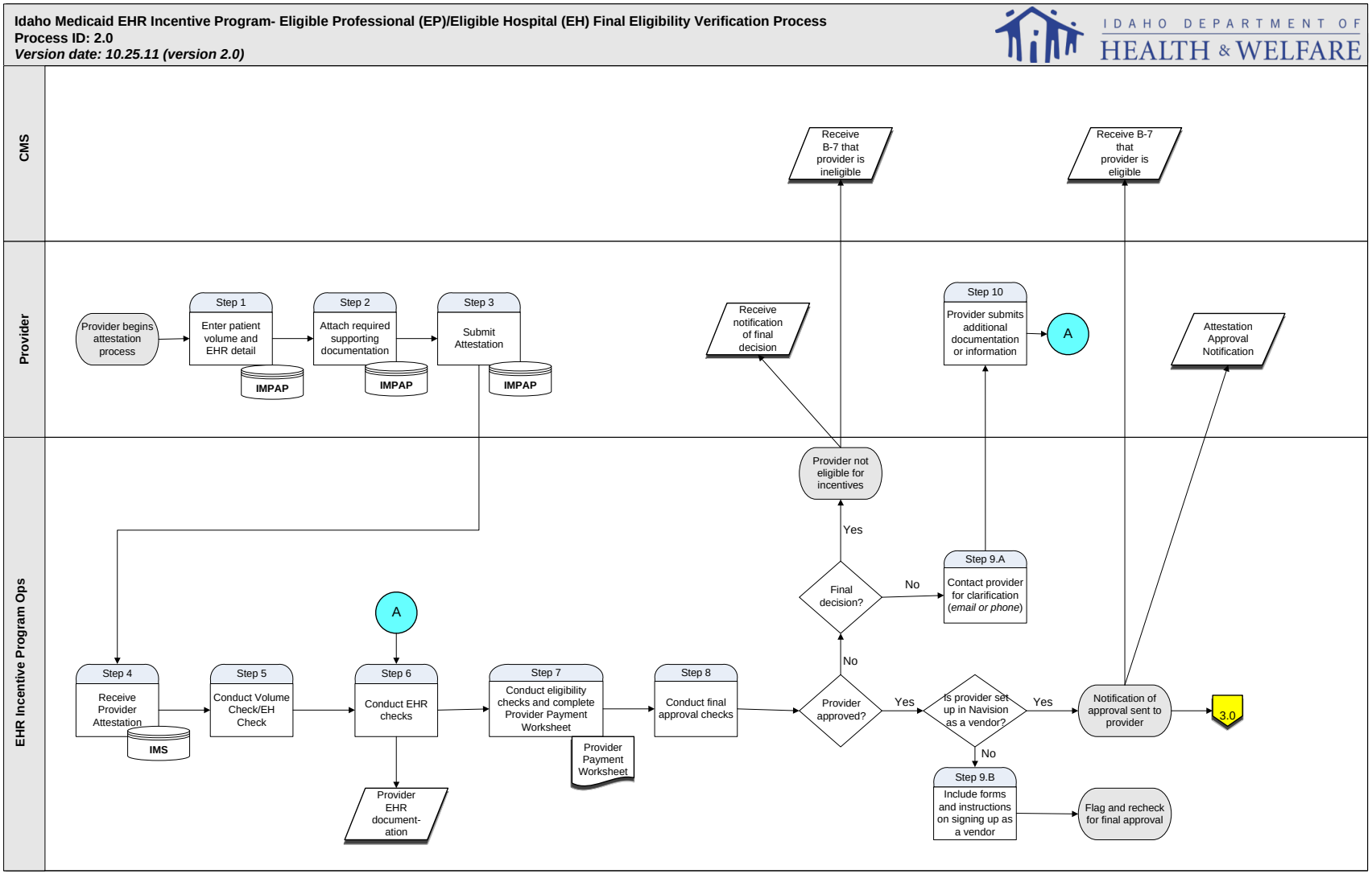
# IV.1 - Preliminary Eligibility Verification
## *IV.1.EH - Eligible Hospitals: Preliminary Eligibility Verification*



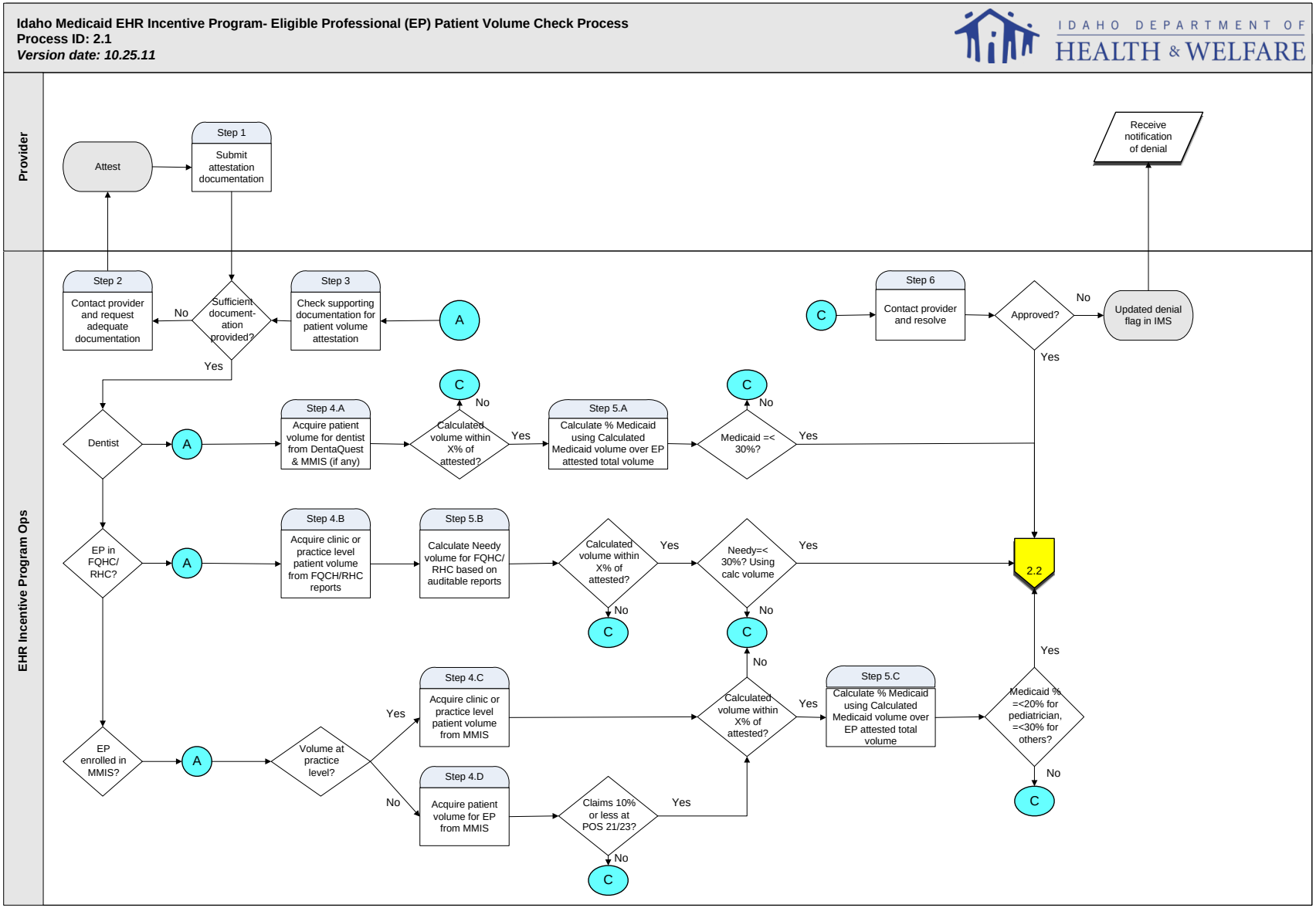
# *IV.1.EP - Eligible Professionals: Preliminary Eligibility Verification*

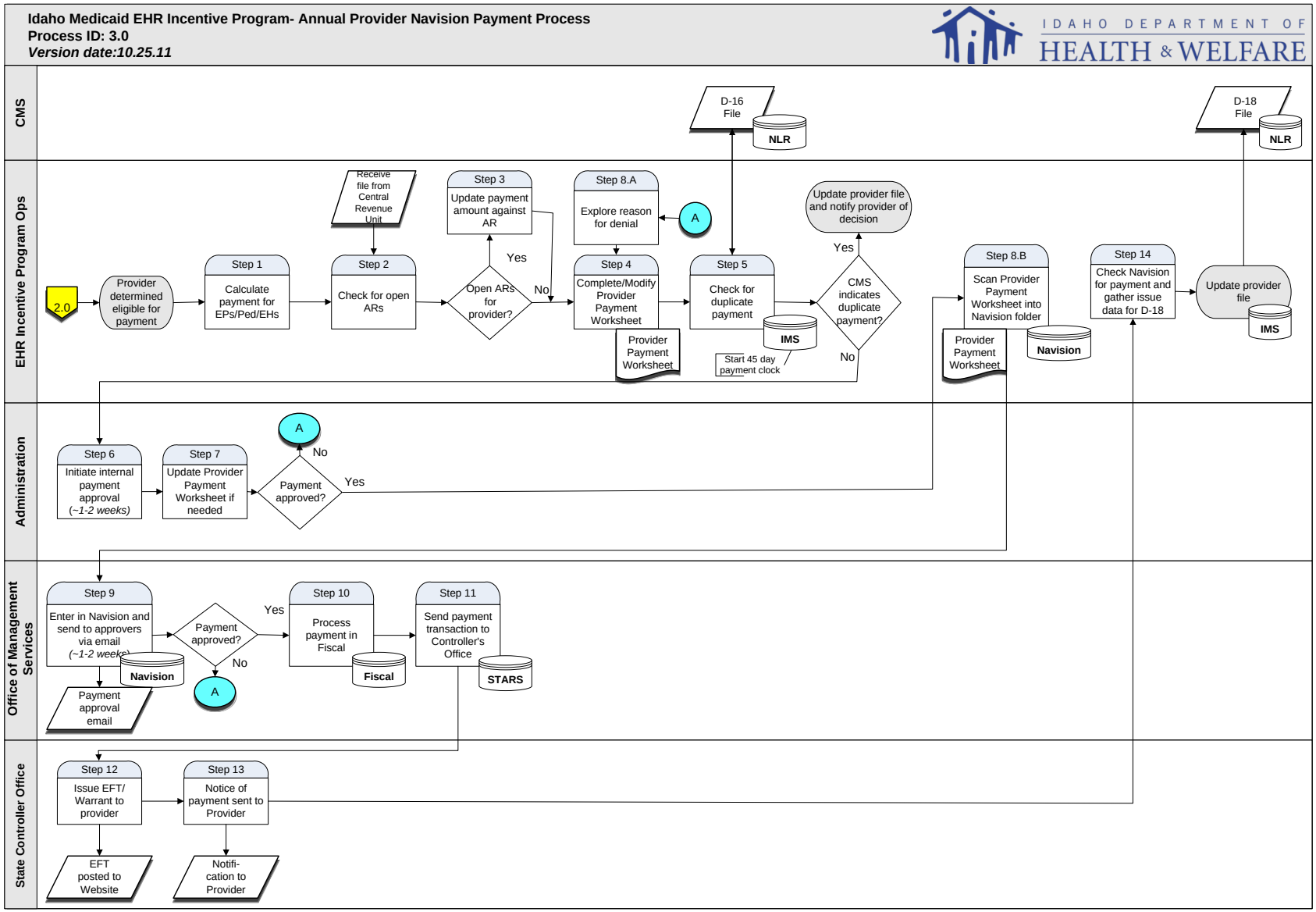


# IV.2 - Final Eligibility Verification

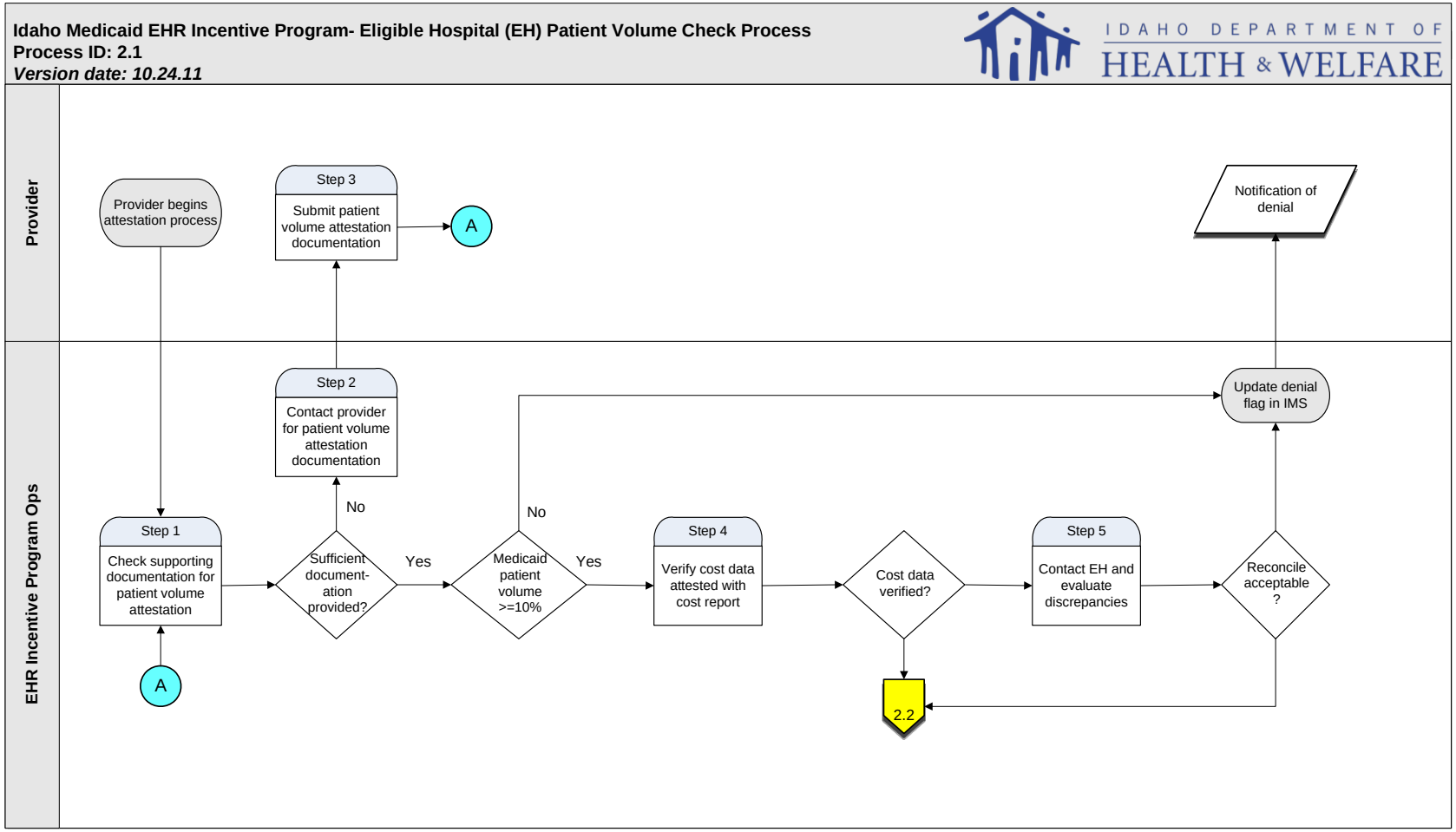


# IV.2.1EP - Eligible Professional: Patient Volume Check

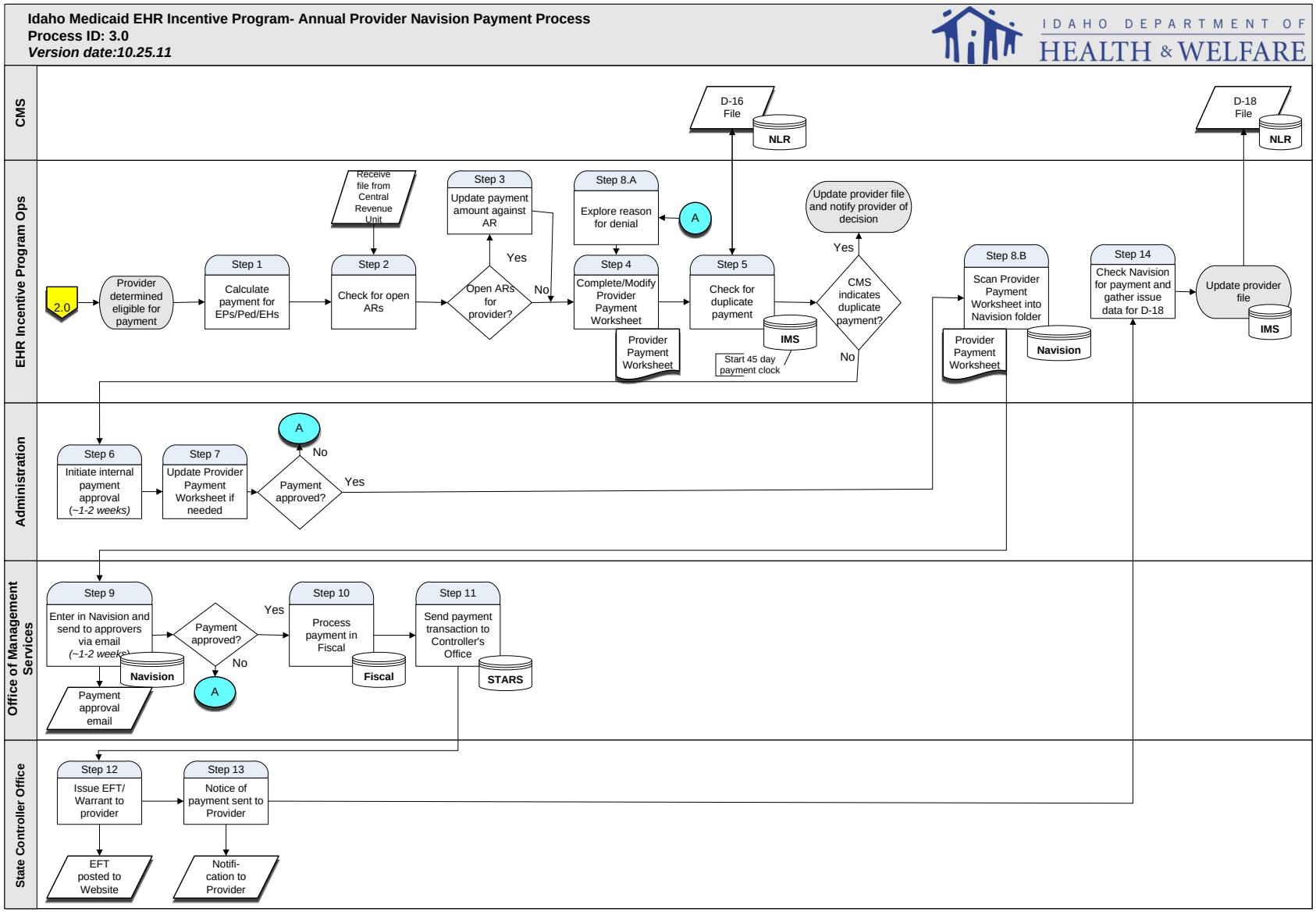



Idaho Medicaid EHR Incentive Program- Annual Provider Navision Payment Process
Process ID: 3.0
Version date:10.25.11
IDAHO DEPARTMENT OF HEALTH & WELFARE
CMS
EHR Incentive Program Ops
Administration
Office of Management Services
State Controller Office
D-16 File
NLR
D-18 File
NLR
2.0
Provider determined eligible for payment
Step 1
Calculate payment for EPs/Ped/EHs
Receive file from Central Revenue Unit
Step 2
Check for open ARs
Step 3
Update payment amount against AR
Open ARs for provider?
Yes
No
Step 8.A
Explore reason for denial
A
Step 4
Complete/Modify Provider Payment Worksheet
Provider Payment Worksheet
Step 5
Check for duplicate payment
IMS
Start 45 day payment clock
CMS indicates duplicate payment?
Yes
No
Update provider file and notify provider of decision
Step 8.B
Scan Provider Payment Worksheet into Navision folder
Provider Payment Worksheet
Navision
Step 14
Check Navision for payment and gather issue data for D-18
Update provider file
IMS
Step 6
Initiate internal payment approval (~1-2 weeks)
Step 7
Update Provider Payment Worksheet if needed
A
Payment approved?
No
Yes
Step 9
Enter in Navision and send to approvers via email (~1-2 weeks)
Navision
Payment approval email
Payment approved?
Yes
No
A
Step 10
Process payment in Fiscal
Fiscal
Step 11
Send payment transaction to Controller's Office
STARS
Step 12
Issue EFT/ Warrant to provider
EFT posted to Website
Step 13
Notice of payment sent to Provider
Notifi-cation to Provider

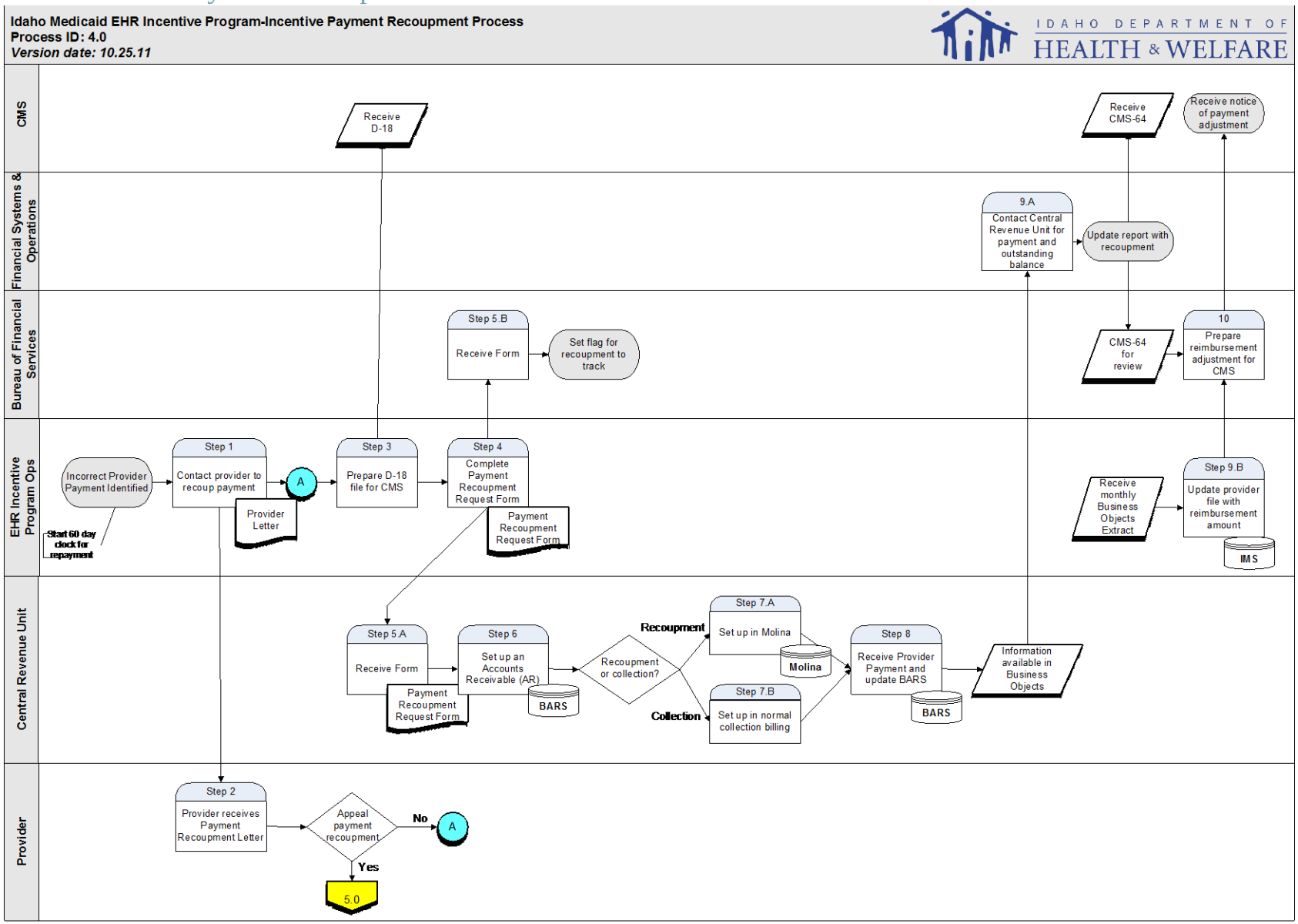
## *IV.2.1EH - Eligible Hospital: Patient Volume Check*



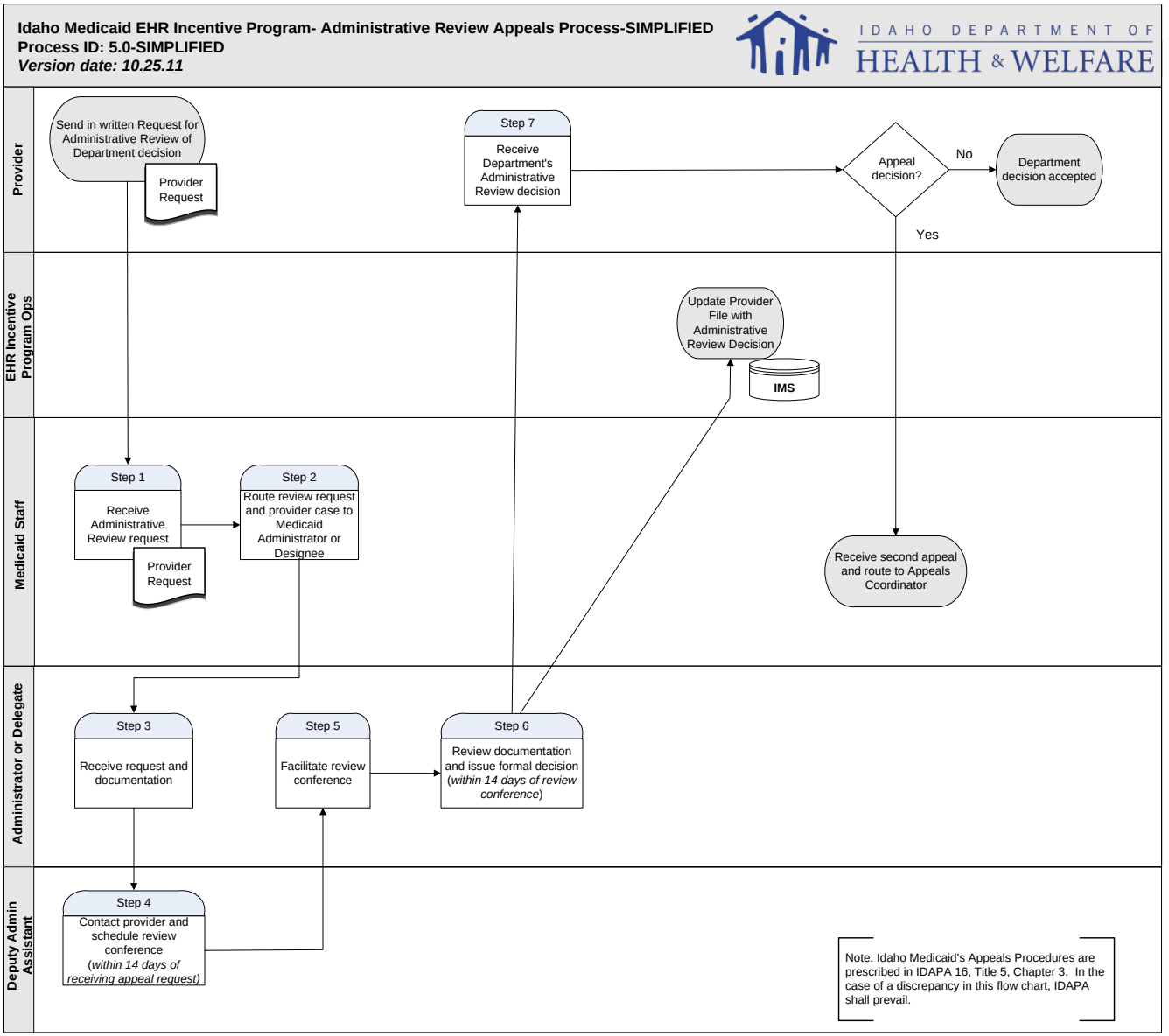
# IV.3 - Navision Provider Payment



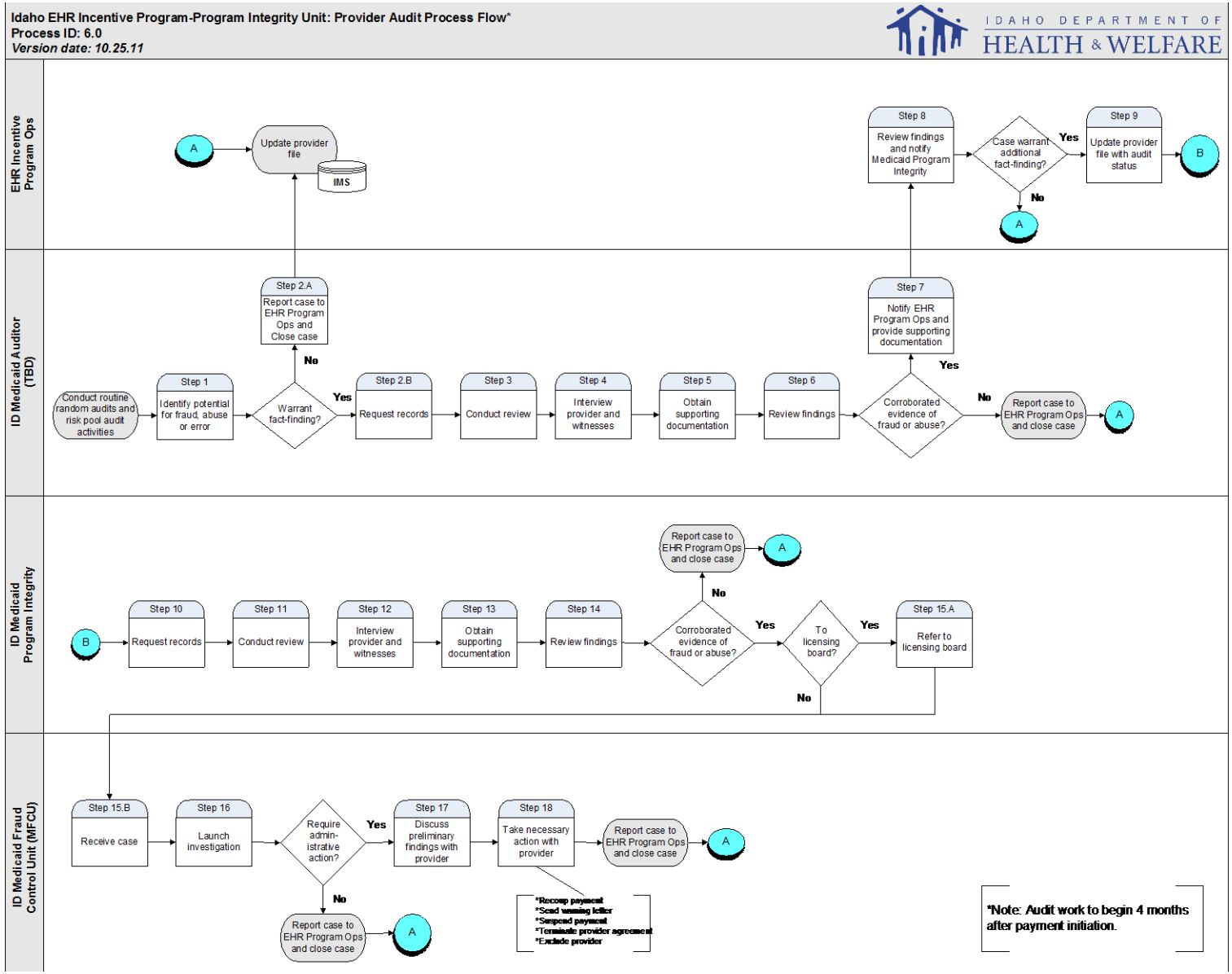
## IV.4 – Incentive Payment Recoupment



# IV.5 - Provider Appeals: Administrative Review Appeals



# IV.6 - Program Integrity Unit Provider Audit



# Appendix V – Hospital Calculation Worksheet

XXXXXX Medicare Number (CCN)

**Idaho State Medicaid**
**Medicaid Electronic Health Record (EHR) Hospital Incentive Payment Calculation**

*The following calculation indicates the dollar value of the Medicaid EHR incentive payment due to <HOSPITAL>, as authorized by the American Recovery and Reinvestment Act (ARRA) of 2009. Hospital incentive payments will be distributed over four years. In the first year, the payment is available when certified EHR technology is adopted, implemented, or upgraded (AIU), or such technology is "meaningfully used" under the Medicare EHR Incentive Program; the subsequent three payments will be issued when meaningful use is demonstrated under either Medicare and Medicaid, according to the rules set forth by the Centers for Medicare & Medicaid Services (CMS). Values below in green are hospital specific, derived from your <YEAR> Medicaid Hospital Cost Report. If you do not register for the Medicaid EHR Program this year, these data sets can be changed to reflect more current information as future cost report data is certified and becomes available.*

**Medicaid EHR Incentive Payment Calculation**

***Aggregate EHR Incentive Payment Amount*** [Overall EHR Amount * Medicaid Share] ***$7,387,108***

***Overall Medicaid EHR Incentive Payment Calculation***

| | | | | | |
|---|---|---|---|---|---|
| *A* | ***Base EHR Incentive Amount*** | ***$2,000,000*** | ***$2,000,000*** | ***$2,000,000*** | ***$2,000,000*** |
| *B* | Transition Factor | 100% | 75% | 50% | 25% |

**Discharge Growth Factor**

| | Reporting Period (w/s S-3 part 1, col. 15, line 12) | Year | Total Discharges | % of Inc/Dec | Average Annual Discharge Rate |
|---|---|---|---|---|---|
| | Base Year | 2008 | 16,000 | | |
| | Second Year | 2009 | 16,500 | 3.13% | |
| | Third Year | 2010 | 17,000 | 3.03% | |
| | Latest Certified Fiscal Year Data | 2011 | 17,500 | 2.94% | **3.03%** |

**Discharge-Related Amount Trended Based on Growth Factor**

| | | | | | |
|---|---|---|---|---|---|
| *C* | Total All-Payer Hospital Discharges (w/s S-3 part 1, col. 15, line 12) | 22,000 | 22,000 | 22,667 | 23,000 |
| *D* | Discharge Growth Factor (determined by State) | | 3.03% | 3.03% | 3.03% |
| *E* | Trended Total All-Payer Hospital Discharges [C * D] | 22,000 | 22,667 | 23,000 | 23,000 |
| *F* | Discharges Eligible for Add-On Amount (count of discharges from 1,500 through 23,000) | 20,851 | 21,518 | 21,851 | 21,851 |
| *G* | Per Discharge Add-On Amount | $200 | $200 | $200 | $200 |
| *H* | ***Discharge-Related Amount [F * G]*** | ***$4,170,200*** | ***$4,303,615*** | ***$4,370,200*** | ***$4,370,200*** |
| | ***Initial EHR Amount By Year [(A+H) * B]*** | ***$6,170,200*** | ***$4,727,711*** | ***$3,185,100*** | ***$1,592,550*** |
| | ***Overall EHR Amount [Sum (Initial EHR Amount by Year)]*** | ***$15,675,561*** | | | |

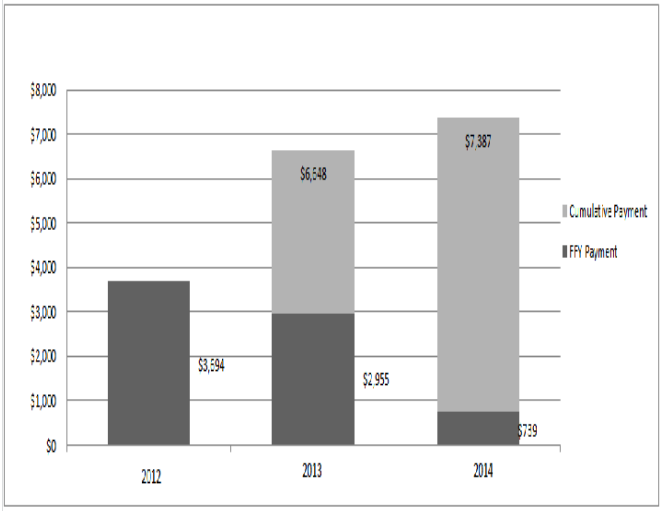
Trending Calculations

| | |
|---|---|
| 22,000 | 22,000 |
| 22,667 | 22,667 |
| 23,000 | 23,354 |
| 23,000 | 23,697 |

**Medicaid Share Fixed 12 Month Values**

| | | |
|---|---|---|
| *I* | Total Medicaid Fee-for-Service Inpatient Days (w/s S-3 part 1, col. 5, line 14 + lines 5-10) | 1,750 |
| *J* | Total Medicaid Managed Care (w/s S-3 part 1, col. 5, line 2) | 135 |
| *K* | Total Medicaid Days [I+J] | 1,885 |
| *L* | Total Charges (w/s C-3 part 1, col. 8, line 101) | 5,000,000 |
| *M* | Charity Care (w/s S-10, col. 1, line 30) | 1,000,000 |
| *N* | Total Charges Excluding Charity Care | $4,000,000 |
| *O* | Charity Care Ratio [L / M] | 0.80 |
| *P* | Total Inpatient Hospital Days (w/s S-3 part 1, col. 5, line 12) | 5,000 |
| *Q* | ***Medicaid Share [K / (O * N)]*** | ***47.13%*** |

***Distribution of the Medicaid EHR Incentive Payments Over Three Years*** (shown in Thousands of Dollars)




This graph shows the maximum Medicaid EHR incentive payments available to qualifying hospitals based on a 3 year payment distribution determined by Idaho Medicaid. This graph outlines the payment amount for each year along with the total payment amount distributed for the duration of the project. The payment amounts are derived from the latest certified hospital cost report data.

Additional **Resources:**

For more information on the EHR **Medicaid Hospital** Incentive Payments Calculations, see the CMS website

For more information on the EHR **Critical Access Hospital** Incentive Payments Calculations, see the CMS website

## Manipulating the Graph

The graph above has been preset to show the maximum Medicaid EHR incentive payment amount paid over a three-year period using a payment schedule of 50% in 2012, 40% in 2013, 10% in 2014.

*To manipulate the graph:*

| | |
|---|---|
| 1) Enter expected year (between 2011 and 2016) when hospital will start participating and receiving funds. | 2012 |

| *EHR Payment Year* | *Year 1* | *Year 2* | *Year 3* |
|---|---|---|---|
| *Idaho Hospital Payment* | *50%* | *40%* | *10%* |
| | | | |
| *Aggregate EHR Incentive Payment Amount by Year* | *$3,693,554* | *$2,954,843* | *$738,711* |

| | Year | FFY Payment | Cumulative Payment | |
|---|---|---|---|---|
| 2012 | | $3,694 | $0 | 2012 |
| 2013 | $5,648 | $2,955 | $3,694 | 2013 |
| 2014 | $7,387 | $739 | $6,648 | 2014 |

| Payment Year | Payment Percentage |
|---|---|
| Year 1 | 0% |
| Year 2 | 50% |
| Year 3 | 40% |
| Year 4 | 10% |

| |
|---|
| 0% |
| 50% |
| 40% |
| 10% |

Definition

*=w/s - Medicare Hospital Cost Report

## Appendix VI – Vendor Enrollment Form

(See next pages for forms)

FORM: VENDOR-21

**STATE OF IDAHO - STARS**

REV. 02/01/01

# VENDOR ENROLLMENT FORM
# and IDAHO ELECTRONIC PAYMENT SYSTEM (IEPS)

| AGENCY NAME | AGENCY CODE | CONTACT NAME | PHONE # - EXT | DATE |
|---|---|---|---|---|
| | | | | |

State agencies should submit only the VENDOR-21 to the State Controller's Office unless setting up an EFT.
Please check appropriate box:

| ADD NEW VENDOR | ADD NEW SUFFIX | CHANGE NAME/ADDR | CHANGE NUMBER | ADD NEW EFT | CHANGE EFT INFORMATION | CANCEL EFT PROCESSING |
|---|---|---|---|---|---|---|
| | | | | | | |

**PAYEE/BUSINESS/INDIVIDUAL/VENDOR INFORMATION**

A completed ***IRS FORM W-9*** must accompany this form when submitted directly by the vendor (payee).

| | SFX* | **SSN or FEDERAL EIN** *Number under which taxes are reported* (SSN-social security number or Federal EIN - federal employer identification number). |
|---|---|---|
| | | |

***State agencies should check 2N screen on-line and supply SFX (suffix number). Vendor (payee) may leave SFX blank.**

| **VENDOR TYPE** (choose one from below) | **VENDOR STATUS** (choose one) | **CHG/W-9 AGY** | **1099 NAME/ADDR** |
|---|---|---|---|
| See ***IRS FORM W-9*** for more information.<br>**I** – Individual/sole proprietor (1099 Ind =Y)<br>**C** – Corporation (1099 Ind = N)<br>**P –** Partnership (1099 Ind = Y or N)<br>**G** – Government (1099 Ind = N)<br>**N –** Non-Profit (1099 Ind = N)<br>**O** – Other (1099 Ind = Y or N)<br>**E** – Employee (1099 Ind = N, match EIS) | **0** – New/active vendor (requester)<br>**1** – Inactivate number, tax responsibility changes. Keep separate from new number.<br>**2** – Inactivate number, tax responsibility remains the same, correcting or changing number. Combine with old number.<br>**3 –** Lien/Garnishment (payment is sent to lien/garnishment requester). | **State agency no**. W-9 AGY: If new vendor, this agency should have the W-9. CHG AGY: Vendor is on, agency changing information has W-9, if required. | **Y** = The name and address on this form is the address to send the 1099-MISC, if applicable. Use for new vendor number or correcting suffixes. **Blank** = See other suffix for tax name and address. |

| **SORT SEQUENCE** (max. 10 digits) | **SS EIN NUMBER / SFX** (latest number) | **1099 INDICATOR** (see Vendor Type) |
|---|---|---|
| | | |

| **NAME AND ADDRESS TO REMIT PAYMENT** | |
|---|---|
| | **NAME (Vendor Name 1)** Enter name that belongs to above SSN or EIN number under which taxes are filed. Use same name as ***IRS FORM W-9***. See ***W-9*** instructions under "Name". |
| | **BUSINESS NAME (Vendor Name 2)** Business name or DBA, if different than above. Use same name as ***IRS FORM W-9.*** See ***W-9*** instructions under "Business Name". |
| | **ADDRESS (Vendor Mailing Address)**<br>**CITY, STATE ZIP CODE** |
| | **PHONE (Contact Phone Number)** |
| | **CONTACT NAME or OTHER INFORMATION** |

**ELECTRONIC PAYMENT INFORMATION**

Send a **voided check** *(not a deposit slip)* or bank verification of your checking/savings account number to receive pmts electronically.

| ACCOUNT NUMBER | ACCOUNT NAME | ACCOUNT TYPE | |
|---|---|---|---|
| | | | **C** – Checking Account |
| | | | **S** – Savings Account |
| **SIGNATURE of Authorized signer on account:** | | | |

(See next pages for forms)

**State of Idaho**
**700 West State Street, P.O. Box 83720**
**Boise, ID 83720-0011**
**Combined Substitute W-9/Direct Deposit/Remittance Advice Authorization Form**

Reset Form

Agency use only:
Agency number: _____
Contact name: _____
Contact Phone Number: _____

**Part I - Substitute W-9 Tax Identification** (Always required).

**Business or disregarded entity name:** _____

**Complete if you are a SOLE PROPIETOR or SINGLE-OWNER LLC**
**Required: Personal name of owner of the business** _____
**Optional: Business name if different from above:** _____

**Enter your Taxpayer Identification Number in the appropriate box.**
**For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).**

| Social Security Number | OR | Employer Identification Number |
|---|---|---|
| ___-___-___ | | ___-___ |

**Check appropriate box:** ☐ **Individual/ Sole proprietor** ☐ **Corporation** ☐ **Partnership** ☐ **Government** ☐ **Non Profit** ☐ **Other (explain)** _____

**Exemption:** If exempt from backup withholding, explain exemption here:

**Signature:** I am a U. S. person (including a U. S. resident alien).

Address: _____ City: _____ State: _____ ZIP: _____

Phone: ( ) _____ E-mail: _____

Under penalties of perjury; I certify that:
1. The number shown is my correct taxpayer identification number, and
2. I am not subject to backup withholding , and
3. I am a U. S. citizen or other U. S. person

Person completing this form: _____ Title: _____

Signature: _____ Date: _____

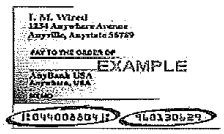
**Part II - Direct Deposit Authorization** (Optional). To receive payments electronically, complete **Part I** and **Part II** and **attach an original voided check, legible copy,** or bank verification of your checking or savings account number. **Deposit slips cannot be used.** NOTE: Invalid account information will be rejected by the financial institution and generate a notice of change. A notice of change will void this request form and future payments will be made by Idaho State warrant.

| Request type | New ☐ | Change ☐ | Cancel ☐ |
|---|---|---|---|

Accountholder Name/Title (Title required if company account)

| Routing Number | Account Number |
|---|---|
| | |

| Account Type (Please check the appropriate box) | | |
|---|---|---|
| | ☐ | C – Checking Account |
| | ☐ | S – Savings Account |




Routing Number Is nine digits — Account Number can vary in length

I hereby authorize and request the Idaho State Controllers Office (SCO) and the Idaho State Treasurers Office (STO) to initiate credit entries for vendor payments to the account indicated above. I agree to abide by the National Automated Clearing House (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the SCO and STO may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. This authority will continue until such time as SCO and STO have had a reasonable opportunity to act upon written notice to terminate or change the direct deposit service initiated herein.

I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). I affirm that, regarding electronic payments the State of Idaho may remit to the financial institution for credit to the account that I have designated, the entire payment amount is not subject to being transferred to a foreign bank account.

| Signature of Authorized signer on account | Print Name Here | Sign and Date Here |
|---|---|---|
| | | |

**Part III – Remittance Advice on the Web (Required if opting for Direct Deposit. Optional if not.)** Login instructions will be emailed to the email address provided in **Part I**. Additional information can be found on the web at: www.sco.idaho.gov. Click on Public Information, then on Vendor Services.

| I want to view my remittance advices on the Web. (Check one.) | | | |
|---|---|---|---|
| | Yes-One | ☐ | Get payment information for this location only by using the State Controllers Office Web Remittance Advice Application. |
| | Yes-All | ☐ | Get payment information for all of your locations by using the State Controllers Office Web Remittance Advice Application. |

## Instructions - Part I

The State of Idaho is about to pay you an amount that may be reported to the **Internal Revenue Service** (IRS). The State of Idaho will comply with all applicable Federal and State of Idaho reporting requirements. If the amount is reportable to the IRS, they will match this amount to your tax return. In order to avoid additional IRS scrutiny, we must provide the IRS with your name and either your Social Security Number or your Employer Identification Number. The name we need is the **name that you use on your tax returns** related to this payment. We are required by law to obtain this information from you.

**Exemption:** If you are exempt from backup withholding, indicate the reason why in the Exemption box. **For additional information on exempt status, please review the full IRS Form W-9 Instructions found on the IRS website at www.irs.gov.**

**U. S. Person:** This form may be used only by a U. S. person, including a resident alien. Foreign persons should furnish us with the appropriate Form W-8. For a complete IRS definition of U. S. Person, consult the IRS website at www.irs.gov.

**Penalties:** Your failure to provide a correct name and Taxpayer Identification Number will delay the issuance of your payment and may subject you to a $50 penalty imposed by the IRS under section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you could be subject to a $500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Confidentiality:** If we disclose or use your Taxpayer Identification Number in violation of Federal law, we may be subject to civil and criminal penalties.

**Privacy Act Notice**
You must provide your TIN whether or not you are required to file a tax return. If you do not provide your TIN, certain penalties may apply. Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal non-tax criminal laws and to combat terrorism.

## Instructions - Part II

Complete this section only if you wish to receive payments by direct deposit or electronic funds transfer through the ACH network. Attach an original voided check (not a deposit slip) or a bank verification of your checking or savings account number. Copies of checks cannot be accepted. The routing number is normally the first group of nine digits on the bottom of your check. The account number is of varying length and is normally the next group of digits on the bottom of your check. Please see the illustration in Part II for a sample of where these numbers can be found. If you opt for direct deposit, you will no longer receive a paper remittance advice that provides information about your payments. Instead, you will be required to use the Web Remittance Application described below in Part III.

## Instructions – Part III

The Idaho State Controllers Office now offers payment information on the Internet which is accessed through a secure sign in on our website at: http://www.sco.idaho.gov.

**If you are not requesting payments by direct deposit** and would like to take advantage of this service, complete Part III of the form. When deciding to participate in this program, you have the option of viewing payment information for all of your locations associated with the Taxpayer Identification Number provided in Part I or just the location or address provided in Part I. You will receive initial login instructions by email at the email address provided in Part I.

**If you are requesting payments by direct deposit**, you will automatically be set up to participate. You have the option of viewing payment information for all of your locations associated with the Taxpayer Identification Number provided in Part I or just the location or address provided in Part I. You will receive initial login instructions by email at the email address provided in Part I.